



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

**Bethel Community Foundation
2901 54th Avenue South St. Petersburg, Florida 33712**

December 20, 2022

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 Bethel Community Foundation for the FY 2022-2023 at its program office located at 2901 54th Avenue South St. Petersburg, Florida 33712. 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. Bethel Community Foundation 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 1, 2022 through June 30, 2023.

The review was conducted by Baldwin Davis Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, Heather Molinario, Agency representatives from Bethel Community Foundation present for the entrance interview were Vincent Lisbon, Executive Director. The last QI visit was conducted October 5, 2021.

In general, the Reviewer found that Bethel Community Foundation is in compliance with specific contract requirements. Bethel Community Foundation **received an overall compliance rating of 100% for achieving full compliance** with all five applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions as a result of the monitoring visit and no recommendation was made.

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 12-20-2022-2023

Agency Name: Bethel Community Foundation					Monitor Name: Baldwin Davis, Lead Reviewer							
Contract Type: CINS/FINS					Region/Office: 2901 54th Avenue South St. Petersburg, Florida 33712.							
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 20, 2022							
Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; background-color: red; color: white; text-align: center; padding: 5px;">Unacceptable</td> <td style="width: 15%; background-color: yellow; text-align: center; padding: 5px;">Conditionally Unacceptable</td> <td style="width: 15%; background-color: black; color: white; text-align: center; padding: 5px;">Fully Met</td> <td style="width: 15%; background-color: green; text-align: center; padding: 5px;">Exceeded</td> <td style="width: 15%; background-color: blue; color: white; text-align: center; padding: 5px;">Not Applicable</td> </tr> </table>							Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	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 United States Liability Insurance Company. The General Liability limits include coverage for \$1,000,000 each/\$2,000,000 aggregate; \$1,000,000 personal injury; \$100,000 damage to rented property, \$2,000,000 products-comp/op AGG; Effective 09/1/2022-09/1/2023. Auto Insurance is provided through United States Liability Insurance Company with combined single limits of \$1,000,000, effective 09/1/2022-09/1/2023. Workers Compensation and Employers' Liability is provided by Technology Insurance Company, Inc and includes \$500,000 each accident, \$500,000 per each employee; and		No recommendation or Corrective Action.

CONCLUSION

Bethel Community Foundation has met the requirements for the CINS/FINS contract as a result of full compliance with all five applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. 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's 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 who is 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 Bethel Community Foundation - St. Petersburg
CINS/FINS Community Counseling Program

DATE: December 20, 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	Satisfactory

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	Limited
2.04 Case Management and Service Delivery	Satisfactory

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

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	Satisfactory
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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

Baldwin Davis - Forefront LLC/Florida Network of Youth and Family Services
Heather Molinario - 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

<ul style="list-style-type: none"> Chief Executive Officer Chief Financial Officer Chief Operating Officer X Executive Director Program Director Program Manager Program Coordinator Clinical Director Counselor Licensed 	<ul style="list-style-type: none"> X 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 1 # Other (listed by title): <u>Navigator</u>
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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 X Contract Scope of Services X 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 List of Supplemental Contracts Vehicle Inspection Reports 	<ul style="list-style-type: none"> Visitation Logs X Youth Handbook # Health Records # MH/SA Records 3 # Personnel /Volunteer Records 6 # Training Records 5 # Youth Records (Closed) 5 # 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 X First Aid Kit(s) Group Meals X Signage that all youth welcome Census Board
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Surveys

0 # of Youth	0 # of Direct Staff	# of Other
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Comments

Due to the systemic staffing issues which impact the availability for member agencies to participate in the QI Peer Review team review, 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

Bethel Community Foundation (BCF) operates in the Bethel Community Baptist Church School Building that houses four (4) distinct program services for youth and children. They are Children in Need of Services / Families in Need of Services (CINS/FINS) Prevention Program; Truancy Intervention Program Services (TIPS); Private School for elementary to middle school youth; and Pre-School for children ages one through five. BCF has in-house educational resources that are immediately accessible to parents during the intake assessment process, for children ages one through fourteen years old. BCF's K-8 school is operated on site and offers a small, faith-based private school setting as an alternative for youth who have faced challenges by the public school system. Scholarships remain available to parents this year, including State of Florida McKay and Step-Up for Students. For the Pre-School, Coordinated Child Care Scholarships are available.

The BCF run TIPS program, funded in 2011 through Pinellas County's Juvenile Welfare Board Children's Services Council, is now completing the eleventh year of services to truant youth who are detained and transported by police officers to BCF, site of the Pinellas County Truancy Center. On arrival to BCF, youth will undergo a comprehensive screening and assessment, including substance abuse and suicide risk screenings. Law Enforcement and Truancy Court referrals are significant referral sources for youth enrolled in the CINS/FINS and TIPS programs. For the sixth year, BCF continues to maintain supervision and case management responsibility for Truancy Court cases that result in case staffing and CINS/FINS petitions. BCF has a written interagency agreement with Family Resources (FR), its sister CINS/FINS provider in Circuit 6, to coordinate services, including an arrangement for BCF to utilize the FR Case Staffing Committee. Family Resources' case staffing occurs the 3rd Wednesday of each month. BCF continues to have a written memorandum of agreement with Pinellas County School Board that allows Case Managers on-line access to student records, permitting real time school history data for the completion of NIRVANA assessments and Service Plans including the daily monitoring of clients academic, attendance and discipline progress.

BCF CINS/FINS service continues to provide comprehensive family support services, including, Anger Management, Youth Resiliency and Active Parenting classes to users. Additionally, in-house mental health evaluations and individual/family counseling are provided, either on-site or at the school, by a sub-contracted licensed therapist (LMHC) and five (5) clinical technicians under the LMHC's supervision. BCF employs six (6) Navigators to provide case management, including weekly coaching to parents and mentoring to youth. Counseling and life skills classes are offered Monday – Thursday until 7:00 p.m. Youth Resiliency classes have replaced gender specific classes (Manhood Development and Female Life Skills) to ensure all youth, regardless of sexual orientation or identification, feel both welcomed and supported. Youth Resiliency classes are continuing to use the evidence based "Why Try" curriculum and are taught in a group setting by two Navigators every Wednesday at 6:00 pm. The Anger Management class uses an evidenced based Mindfulness stress reduction curriculum, designed to overcome anger and aggression using Dialectical Behavior Therapy (DBT). An evidence based Active Parenting curriculum is used for parents as well. All staff members are fully credentialed to meet the expectations of the CINS/FINS standards and contract as well as there being no staff vacancies at the time of review.

The Foundation's upcoming Juvenile Welfare Board (JWB) contract has been approved for \$389,461, a slight increase for 2022-2023, from last year's \$372,935. The JWB contract increase, along with the Social Action Funding grant, elevates the Agency's operating revenue and total budget offering a continued milestone in the Foundation's history. The onset of the COVID-19 pandemic, two years ago in March 2020, required BCF to quickly pivot to digital virtual services. With a hybrid model of in-person visits, BCF utilizes funder approved protocols to complete intake assessments. New Vision Behavioral Health offers telehealth virtual platforms to complete MH/SA evaluations and counseling, at the family's request, if families are not comfortable with in-person sessions. BCF has also developed Emergency Pandemic Operations procedures that allow the agency to continue the provision of services to families in our community in the event of a new staff COVID-19 outbreak. For the second straight year, BCF has secured a \$75,000 contract through Pinellas County Social Action Funding to further expand their in-house individual and family counseling.

Programmatic Updates

BCF CINS/FINS service continues to provide comprehensive family support services including Anger Management, Youth Resiliency and Active Parenting classes to users. Additionally, in-house mental health evaluations and individual/family counseling are provided, either on-site or at the school, by a sub-contracted licensed therapist (LMHC) and five (5) clinical technicians under the LMHC's supervision. BCF employs six (6) Navigators to provide case management, including weekly coaching to parents and mentoring to youth. Counseling and life skills classes are offered Monday – Thursday until 7:00 p.m.

Youth Resiliency classes have replaced gender specific classes (Manhood Development and Female Life Skills) to ensure all youth, regardless of sexual orientation or identification, feel both welcomed and supported. Youth Resiliency classes are continuing to use the evidence based "Why Try" curriculum and are taught in a group setting by two Navigators every Wednesday at 6:00 pm. The Anger Management class uses an evidenced based Mindfulness stress reduction curriculum, designed to overcome anger and aggression using Dialectical Behavior Therapy (DBT). An evidence based Active Parenting curriculum is used for parents as well. All staff members are fully credentialed to meet the expectations of the CINS/FINS standards and contract as well as there being no staff vacancies at the time of review.

Additional funding continuing from last year, from the Pinellas County Social Action Fund, allows BCF to target psychosocial issues contributing more aggressively to habitual truancy, such as anxiety and depression. New Vision Behavioral Health, BCF's sub-contracted mental health provider, continues to offer services in the immediate neighborhood and therefore eliminates transportation as a barrier to service delivery. Offering mental health services in the school further reduces the transportation barrier and improves access to mental health services. The Social Action Funding grant also allows BCF to increase the salaries of direct care staff (Navigators) to ensure higher retention rates and afforded BCF the ability to hire an additional Navigator, increasing our direct-care team from five to six. Currently, BCF has no staff vacancies and has not encountered any significant changes in personnel over the past year.

Lastly, BCF has entered into a new community partnership with Gulf Coast Jewish Family & Community Center's Community Assistance & Life Liaison Program (CALL). The CALL program is a non-emergency dispatch center, through the St. Petersburg Police Department, that offers assistance to families who call regarding non-violent issues such as teens exhibiting ungovernable behaviors and truancy. The CALL Center has become a valuable BCF referral source as it ensures that families are contacted during their moment of crisis with no waiting time for services.

Narrative Summary

The overall findings for the QI Review for BCF are summarized as follows:

Standard 1: This standard had three applicable indicators for this review regarding Management Accountability; Two indicators 1.01, and 1.06 were rated Satisfactory with no exceptions. Indicator 1.04 was rated Satisfactory with an exception.

Standard 2: This standard had two applicable indicators for this review regarding Intervention and Case Management and Case Management and Service Delivery. Indicator 2.03 was rated Limited. Indicator 2.04 was rated Satisfactory with an exception.

Standard 4: This standard had one applicable indicator for this review regarding Mental Health/Health Services; Indicator 4.02 Suicide Prevention was rated Satisfactory with an exception.

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

Standard 2: Indicator 2.03 Case Service Plan was rated Limited as the agency has a practice to develop service plans prior to completing NIRVANA and so five (5) out of ten (10) youth records reviewed had service plans which were signed and developed prior to the administration of the NIRVANA. One of ten case file service plan was missing the youth and parent/guardian signatures. Eight of ten youth service plans addressed all needs identified in the NIRVANA, however the remaining two service plans did not address mental health needs identified in the NIRVANA which was completed after developing the service plan.

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator</p>	<p>Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes Explain any items that have any deficiencies, exceptions or are not applicable.</p>
<p>Standard One – Management Accountability</p>		
<p>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</p>		<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>YES If NO, explain here: The program has a policy and procedures for Background Screening of Employees and Volunteers for Pre-Employment Testing, (QA1.01 and QA1.01A). Both policies were last reviewed and approved on 11/04/2021 by the Executive Director.</p>	
<p>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.</p>	<p>Compliance</p>	<p>The agency utilizes the HR Avatar pre-employment test to assess the applicant's compatibility. The agency hired three new staff since the last QI Review. Proof of successful completion of the HR Avatar tool prior to employment for the three new hires were provided.</p>
<p>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</p>	<p>Compliance</p>	<p>The background screenings were completed for all three staff prior to their hire dates. The provider did not utilize any volunteers or add any new contractors during the review period.</p>
<p>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.</p>	<p>No eligible items for review</p>	<p>None of the employees had a break in service of less than 90 days with the agency.</p>

Five-year re-screening completed every 5 years from initial date of hire	Compliance	There was one eligible five-year employee re-screening during the review period for staff, volunteers, or contractors. The re-screening was completed prior to the staff's 5 year initial start date.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to Background Screening Unit (BSU) by January 31st?	Compliance	Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) was completed and sent to the Background Screening Unit (BSU) by January 10th, 2022. There was an email receipt to the Executive Director from BSU on files dated 01/10/2022.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	Proof of E-Verify for all three new employees were obtained from the Department of Homeland Security and maintained in the personnel records for each staff.	
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)		Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	The program has a policy and procedure for Training Requirements. It is titled QA 1.04 Training Requirements and was last reviewed on 10/17/2022 by the Executive Director.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Compliance	All three direct care staff files reviewed confirmed that they all completed their new hire pre-service training requirements for safety and supervision as required.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. (Staff hired before January 1 st were required to complete no later than December 31, 2020)	Compliance	Three applicable pre-service staff training records were reviewed. The reviewed documentation validated each pre-service staff completed the Department of Justice (DOJ) Civil Rights and Federal Funds training within the required timeframe.	
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.	Compliance	Three applicable pre-service staff training records were reviewed and all met the required 80 hours of training in the first full year of employment.	

<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>The three applicable newly hired staff training records were reviewed. The reviewed documentation validated that some of the mandatory trainings were not completed within the required 90 day timeframe.</p>	<p>One staff was late in completing five of the required 90 day trainings. The trainings that were outside of the required timeframe were: Provider Orientation, Youth Adolescent/Behavior, Child Abuse Reporting, Confidentiality and Florida Network Suicide (annual). The second staff was late in completing two trainings: Youth Adolescent/Behavior and NIRVANA and the third staff was late in completing three trainings: Youth Adolescent/Behavior, Child Abuse Reporting and NIRVANA.</p>
<p>Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)</p>			
<p>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.</p>	<p>Compliance</p>	<p>The 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) has completed all of the required trainings.</p>	
<p>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</p>			
<p>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).</p>	<p>Not Applicable</p>	<p>Not applicable for community counseling programs.</p>	
<p>In-Service Direct Care Staff</p>			
<p>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).</p>	<p>Compliance</p>	<p>Three applicable in-service staff training records were reviewed. The reviewed documentation validated each in-service staff completed all required training hours and topics within the required timeframes.</p>	
<p>Required Training Documentation</p>			
<p>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.</p>	<p>Compliance</p>	<p>The agency's Executive Director acts as the designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.</p>	

<p>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.</p>	<p>Compliance</p>	<p>A review of the six staff (three applicable pre-service and three in-service staff) training records validated the program maintains individual training records for each staff, which includes the training hours, dates, topics, certificates, and related training documents.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.06: Client Transportation</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>	<p>YES If NO, explain here: The program has a policy and procedure for client transportation. It is titled QA 1.06 Client Transportation and was last reviewed on 08/04/2022 by the Executive Director.</p>		
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>Compliance</p>	<p>The agency's transportation policy indicates that the program will only transport clients in emergency situations. The policy delineates what constitutes an emergency situation. The policy indicates the program provides daily bus passes for families needing assistance with transportation.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>Compliance</p>	<p>Background screening for program staff includes a driver's license check. Staff is required to maintain current auto insurance.</p>	
<p>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</p>	<p>Compliance</p>	<p>The program's policy indicates the program will only transport clients in emergency situations and include exceptions for obtaining permission from the executive director prior to transporting any client as well as the requirement for staff to text the director upon arrival at each destination point during the trip.</p>	
<p>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</p>	<p>Compliance</p>	<p>Per the agency's transportation policy, the director must approve all client transport.</p>	

The 3 rd party is an approved volunteer, intern, agency staff, or other youth	No eligible items for review	There was no client transportation by program staff during the review period.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	No eligible items for review	There was no client transportation by program staff during the review period.	
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.	No eligible items for review	There was no client transportation by program staff during the review period as the executive director confirmed there was no emergency situation during the review period which required a transportation by the program staff.	
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 and procedures for case/service plans. It is titled Q.A. 2.03 Case/Service Plan and was last reviewed on 11/04/2021 by the Executive Director. The program has a separate policy and procedure for screening, intake and needs assessment which is titles Q.A. 2.01, 2.02, and was last reviewed on 11/04/2021 by the Executive Director.		
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	Compliance	Ten files were selected for review and all ten youth records contained case plans that were developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Exception	Five of ten youth service plans reviewed were completed within seven days of the NIRVANA, or on the same date. The remaining five youth service plans were created and signed on a date prior to the completion of the NIRVANA.	Five of ten youth records reviewed had service plans which were signed and developed before the administration of the NIRVANA.

<p>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</p>	<p>Exception</p>	<p>Eight of ten youth service plans addressed all needs identified in the NIRVANA. All ten youth service plans specified service type, frequency, and location; person(s) responsible; target date(s) for completion and actual completion date(s) and the dates that the plans were initiated. Nine of ten youth service plans were signed by all required parties, to include youth, parent/guardian, counselor, and supervisor.</p>	<p>One of ten case file service plan was missing both the youth and parent/guardian signatures. Two service plans did not address mental health needs identified in the NIRVANA which was administered after developing the service plan. Staff did not revise the service plan to include the mental health service needs identified in the NIRVANA..</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>	<p>Exception</p>	<p>Seven of the ten youth records had service plans that were reviewed as required, within each thirty days period for the first three months of service.</p>	<p>Two of the ten youth service plans had one thirty-day review which was late in completion. The remaining service plan, had two thirty-day reviews which were late in completion.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.04 - Case Management and Service Delivery</p>			<p>Exception</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: The program has a policy and procedures for case management and service delivery. It is titled Q.A. 2.04 Case Management & Service Delivery and was last reviewed on 11/04/2021, by the Executive Director.</p>	
<p>Counselor/Case Manager is assigned</p>	<p>Compliance</p>	<p>All ten youth records reviewed had an assigned counselor/case manager, referred to as a Navigator by the program.</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>Exception</p>	<p>Seven of the nine applicable records had referral(s) to services completed as needed based on the NIRVANA results. All ten youth records contained documentation of coordinated service plan implementation, monitoring of youth/family progress, case monitoring, and support for each family. None of the youth records reviewed needed monitoring of out-of-home placements or additional referrals. Three of ten youth records contained documentation of case staffing to address problems; the remaining seven were not applicable. One of ten youth records had case manager support, and attendance, to the court hearing; the remaining nine were not applicable. Five of ten youth records reviewed were current/open records; the remaining five were closed youth records. Four of five closed youth records had the required follow-up thirty days after exit. Four of five closed records also contained documentation of the required follow-up sixty days after exit; the remaining closed youth record was not applicable.</p>	<p>Two youth records did not have the needed referrals completed and contained a blank referral form.</p> <p>While four of five closed youth records had the required follow-up thirty days after exit; the remaining one youth record had a thirty day follow-up that was completed late.</p>
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>Compliance</p>	<p>The program has a policy and procedures for suicide prevention. Within this policy, the program specifies the community partners whom will provide services and the program's referral process. The program maintains written agreements with eight community partners for mental health/substance abuse, education, parenting, and prevention services.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			

4.02 - Suicide Prevention		Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here: The program has a policy and procedures for suicide prevention. It is titled Q.A. 2.05 Mental Health & Substance Abuse Counseling Services and was last reviewed on 11/04/2021, by the Executive Director.		
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.	Exception	Nine of ten youth records were reviewed for the suicide risk screening and all had the signed documentation in the case record which verified the screen took place at intake.	One youth record reviewed did not have a supervisor's signature, as a record of a supervisor's review of the documentation.
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program utilizes a suicide risk assessment, approved by the Florida Network of Youth and Family Services.	
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	N/A - This program does not shelter youth.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	Not Applicable	N/A - This program does not shelter youth.	
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	N/A - This program does not shelter youth.	

Youth with Suicide Risk (Community Counseling Only)			
<p>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.</p>	<p>No eligible items for review</p>	<p>N/A - None of the ten youth records reviewed were identified as a suicide risk or in crisis.</p>	
<p>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.</p>	<p>No eligible items for review</p>	<p>N/A - None of the ten youth records reviewed were identified as a suicide risk or in crisis.</p>	
<p>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.</p>	<p>No eligible items for review</p>	<p>N/A - None of the ten youth records reviewed were identified as a suicide risk or in crisis.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>N/A - None of the ten youth records reviewed were identified as a suicide risk or in crisis.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>N/A - None of the ten youth records reviewed were identified as a suicide risk or in crisis.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			