



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



**Youth Advocate Program
3016 N US Hwy 301 Suite 550
Tampa, FL 33619**

January 12, 2023

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 Youth Advocate Program for the FY 2022-2023 at its program office located at 3016 N US Hwy 301 Suite 550 Tampa, FL 33619. 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. Youth Advocate Program (YAP) 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 Keith Carr, Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, Marvin Bliss, Regional Monitor. Agency representatives from YAP present for the entrance interview were Felicia Well, Program Director; Sheryl Kincy, Case Manager and Corlissa Pope, Case Manager. The last onsite Quality Improvement visit was conducted on September 9, 2021.

In general, the Reviewer found that Youth Advocate Program is in compliance with specific contract requirements. Youth Advocate Program **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 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 01-23-2022-2023

Agency Name: Youth Advocate Program					Monitor Name: Keith Carr, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 3016 N US Hwy 301 Suite 550 Tampa, FL 33619		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): January 12, 2023		
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 Philadelphia Indemnity Insurance for limits of coverage \$1,000,000 each \$3,000,000 aggregate, and \$20,000 per person for medical expenses, effective dates 8/15/2022-8/15/2023. Workers Comp insurance through Charter Oak Fire Insurance Company for limits of coverage \$1,000,000 each accident, \$1,000,000 each employee and \$1,000,000 policy limit with effective dates 1/24/2022-1/24/2023. Automobile insurance through Philadelphia Indemnity Insurance for combined single limit each accident. Policy effective for 8/15/2022-8/15/2023.	No recommendation or Corrective Action.

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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)
						Professional Liability Claims / Umbrella insurance through Philadelphia Indemnity Insurance for limits of coverage \$5,000,000 each occurrence and \$5,000,000 aggregate for effective date 8/15/2022-8/15/2023. Florida Network is listed on the Certificate of Liability Insurance as a 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 contained in the Financial Services Policy and Procedures Manual. The agency provided a copy of the Fiscal Responsibility Policy which was last revised on 09/09/2021. The procedures reviewed appear to be consistent with GAAP and provide for descriptions related to the fiscal controls operated out the central office and respective satellite office locations.	No recommendation or Corrective Action.
b. Petty cash ledger system is balanced, and all cash disbursements are compliant with financial policies and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation/Documentation: The agency does not have a petty	No recommendation or Corrective Action.

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					Unacceptable	Conditionally Unacceptable			Fully Met	Exceeded	Not Applicable
allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE										cash system for the program. All program expenditures are requested in advance via a check payment request.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – An interview with the Program Director was conducted. The Program Director reported the agency has not purchased any items with FNYFS funds during the previous or current fiscal year.	No recommendation or Corrective Action.
d. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Financial audit conducted for the year June 30, 2022 and 2021 was completed by Bakertilly and dated January 13, 2023. Per the audit report, a separate Independent Auditor’s Management Report letter requiring a Corrective Action Plan is not required and was not issued by the auditor.	No recommendation or Corrective Action.

CONCLUSION

Youth Advocate Program 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 the provider does not have any current inventory purchased with DJJ/FNYFS Funds and does not operate a petty cash system. Consequently, **the overall compliance rate for this contract monitoring visit is 100% for the applicable indicators.** There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

No Corrective Action or Recommendation.

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 Youth Advocate Program - Tampa
CINS/FINS Program

January 12, 2023

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	Satisfactory
2.04 CaseManagement and Service Delivery	Satisfactory

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

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Marvin 'Skip' Bliss – 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

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

Documents Reviewed

<input checked="" type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	<input type="checkbox"/>	Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> Youth Handbook
<input type="checkbox"/> CCC Reports	<input type="checkbox"/> Grievance Process/Records	<input type="checkbox"/>	# Health Records
<input type="checkbox"/> Logbooks	<input type="checkbox"/> Key Control Log	<input type="checkbox"/>	# MH/SA Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input type="checkbox"/> Fire Drill Log	<input type="checkbox"/>	9 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<input type="checkbox"/>	9 # Training Records
<input checked="" type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<input type="checkbox"/>	5 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	<input type="checkbox"/>	3 # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/>	2 # Other: ___
<input checked="" type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	<input type="checkbox"/>	

Observations During Review

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

Surveys

0 # of Youth	5 # of Direct Staff	<input type="checkbox"/>	# of Other	<input type="checkbox"/>
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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, 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

The Youth Advocate program reported that its accreditation status was renewed by the Council on Accreditation. The Youth Advocate program continues to automate its software to complete the goal of going to a paperless agency for all client services. The agency implemented electronic files for tracking the activities of Advocates in 2021. The Youth Advocate program recently added the "Trip Log" application to track and report all mileage logged by staff members during service delivery sessions with clients.

The Youth Advocate Program has created a leadership program to enhance their skills of dealing with staff conflict. The agency leadership program also includes a component for staff encouragement to assist in recruiting and retaining staff. The Youth Advocate Program also reports its President is now also serving as the interim national Chief Executive Officer. The Youth Advocate program also reported it had two winners for the Florida Department of Juvenile Justice Core award. The recipients were a guardian who attended and completed the SNAP program, and a youth who made significant progress while enrolled in its community counseling programs.

The agency also reported it relocated to 3016 North US Highway 301, Suite 550, Tampa, Florida 33619 on December 1st, 2022. This relocation was deemed necessary as a result of tornado damage that the agency experienced at its previous location in August of 2022. A Central Communications Center report was called in as a required.

Narrative Summary

The Youth Advocate Program of Hillsborough County provides services to Hillsborough County and all Judicial Circuit 13. Per the agency's organization chart, the Program Director is responsible for supervising two Program Coordinators, eight Youth Care Workers-Advocates, three Case Managers, four Stop Now and Plan Facilitators and an Administrative Assistant. At the time of this onsite program review, there were no vacancies reported by the agency. The agency does not report any governance or Board of Directors changes. The Youth Advocate Program does not have any corrective action plans with other funding agencies.

The overall findings for the QI Review for Youth Advocate Program are summarized as follows:

Standard 1: Three indicators were reviewed for standard 1: 1.01 Background Screening of Employees/Volunteers, 1.04 Training Requirements, and 1.06 Client Transportation. Indicator 1.01 Background Screening of Employees/Volunteers had no exceptions cited. Indicator 1.04 Training Requirements received exceptions and 1.06 Client Transportation did not. No indicators were rated Limited or Failed.

Standard 2: Two indicators were reviewed for standard 2, Indicator 2.03 Case/Service Plan and Indicator 2.04 Case Management and Service Delivery. Indicator 2.04 Case Management and Service Delivery had no exceptions cited. Indicator 2.03 was rated Satisfactory with exceptions. No indicators were rated Limited or Failed.

Standard 3: Not applicable for non-residential service providers.

Standard 4: One indicator was reviewed for standard 4, Indicator 4.02 Suicide Prevention. Indicator 4.02 did not have any exceptions.

There were no indicators with applicable deficiencies resulting in Limited or Failed rating for this program review.

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</p>		
	<p>If NO, explain here:</p>		
	<p>The agency policy number is 5.03 and is called Background Screening. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.</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>There was a total of four new hire staff members which contained evidence in their employee records of a completed Avatar employee suitability assessment. Each completed assessment contained a passing score. None of the staff members hired required the agency to utilize the exemption process prior to hire.</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>A total of four new hires were applicable for review for this indicator. Of these four, all employee records contained evidence of a completed background screening deemed eligible which was conducted prior to the employee's hire date.</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>Compliance</p>	<p>One of the four staff members hired is a staff member with a break in service of less than 90 days. The agency deemed this employee to be in good standing and determined re-employable. There is evidence of an additional Avatar prescreening assessment completed with a passing score.</p>	

Five-year re-screening completed every 5 years from initial date of hire	No eligible items for review	There were no five-year re-screenings required for the time period of the quality improvement review.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The agency has documented evidence of the Annual Affidavit being completed on January 10, 2023. The agency submitted the document to the Department of Juvenile Justice (DJJ) Background Screening Unit on January 12, 2023.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	A total of four employee records were applicable for review for this indicator. Of these four, all employee records contained evidence of a completed E-Verify document from the Department of Homeland Security.	
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 agency policy number is 6.04 and is called Training. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Exception	A review of four new hires and five existing employee training records was conducted for this indicator. Of the four first-year staff members, all have documented evidence of completing required training courses. Many trainings are completed within the required deadlines.	There are several trainings completed, but not within the required timeframe. One of the four first-year staff members did not complete Cultural Humility training within the required 90-day timeframe. One of the four first-year staff members did not complete Confidentiality training within the required 90-day timeframe.
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	All first-year staff members' files were reviewed to determine if staff members have completed the 30-day training requirements. All four applicable first-year staff members have evidence of completing the training requirements within 30 days of hire.	
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	At the time of this onsite Quality Improvement program review, all staff have documentation of training hours indicating all have 80 hours or more. All of these first-year staff members are still within their first year of employment and have time to complete additional courses as needed.	

<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>A review of the current status of all mandatory training hours required to be completed within the 90-day timeframe was conducted. All staff have completed the majority of mandatory trainings within the 30 and 90 day timeframes. Training completed by all four staff included CINS/FINS Core; Sign and Symptoms of Mental Health and Substance Abuse; Child Abuse Reporting; CPR; First Aid; Universal Precautions; (Skills Pro - Child Abuse; Information Security; Equal Employment Opportunity; Prison Rape Elimination Act; Sexual Harassment; Trauma Informed Care; Human Trafficking) Fire Safety; In-service component and Cultural Humility. □</p>	<p>Two of the four first-year staff members did not complete Florida Network Youth Suicide Prevention training within the required 90-day timeframe. One of the four first year staff members did not complete CINS/FINS CORE training within the required 90-day timeframe. Two of the four first-year staff members did not complete Signs and Symptoms of Mental Health and Substance Abuse training within the required 90-day timeframe. One of the four first-year staff members did not complete training within the required 90-day timeframe. One of the four first-year staff members did not complete Skill Pro #168 Child Abuse: Recognition, Reporting and Prevention training within the required 90-day timeframe. One of the four first-year staff members did not complete Skill Pro #1523 Suicide Awareness Prevention training within the required 90-day timeframe.</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>At the time of this onsite Quality Improvement program review, there was one new staff member hired and required to complete Data Entry for NIRVANA training. The applicable staff person has evidence of completing NIRVANA training and NIRVANA Data Entry Training.</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>No eligible items for review</p>	<p>The agency reported there were no applicable non-licensed mental health staff members required to complete this training requirement.</p>	
<p>In-Service Direct Care Staff</p>			
<p>Direct care staff completes 24 hours of mandatory refresher Florida Network, Skill Pro, and job-related training annually (40 hours if the program has a DCF child caring license).</p>	<p>Compliance</p>	<p>A total of five in-service staff member training records were reviewed for this training requirement. All five staff members have evidence of completing the required refresher trainings. All staff member training files reviewed have evidence of each exceeding the annual 24 hours of job-related training.</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>A total of nine staff member training records were reviewed for this training requirement. All nine staff members have evidence of training files reviews being conducted in order to complete all the required annual trainings. The agency has designated staff to review employee files to ensure trainings are completed within the required timeframe.</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 agency's training file format was conducted. All nine staff member training files reviewed onsite contained a training log which documents all trainings including topic, date completed, hours and source. Additionally, all staff member training files included related documentation such as training certificates and sign-in sheets.</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</p>	
		<p>If NO, explain here:</p>	
		<p>The agency policy number is 5.07 and is called Transportation of Youth. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.</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 conducts full screenings on each staff member's driving background record prior to hire to ensure that they have a clean driving record. A review of the current staff member files resulted in all staff having clean driving records.</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>The agency conducts full screenings on each staff member's driving record prior to hire to ensure that they have a valid and driving record with no non-prohibitive infractions. Staff members transporting youth are required to carry insurance (\$100,000/\$300,000) and they are also covered by the agency's Automobile Insurance Policy.</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>An interview with the agency's Program Director was conducted. The agency's practices include the criteria that will be utilized to determine approval for single transports. This policy applies to same sex and opposite sex youth and staff. The agency does permit clients to travel with their assigned advocate without a third party.</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>A review of the practice being operated by the agency was conducted over the last six months. The agency does assess the client's evaluations, history, personality, recent behavior and length of stay in the program indicating no inappropriate behavior is likely to occur. In addition, per the agency's policy the agency does review the employee's past background history, work performance and length of employment with no documented incidents with inappropriate behavior.</p>	
<p>The 3rd party is an approved volunteer, intern, agency staff, or other youth</p>	<p>Compliance</p>	<p>A review of the agency's practice related to establishing a third party participant for all transportation events was conducted. The agency currently allows all Advocates the ability to drive their personal vehicles with individual clients without a third party. Due to the non-residential nature of the program, the agency's current policy does not require the approval of a third party individual of any type in order to transport a youth for individual or family counseling events.</p>	
<p>The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.</p>	<p>Compliance</p>	<p>The agency maintains a record of all transportation events conducted by Advocates. Advocates are required to maintain a record of all scheduled transportation activities. The program recently added the "Trip Log" application to track and report all mileage logged by staff members during service delivery sessions with clients. The agency maintains a weekly schedule of all Advocate and client sessions. This is the method the agency utilizes as a form of prior approval from supervisors for one-to-one transportation events.</p>	

<p>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.</p>	<p>Compliance</p>	<p>The agency maintains a weekly schedule of all Advocates meetings with youth. The weekly schedule of sessions captures the Advocates meetings with youth which require the Advocate to transport the youth during the session. The Advocate does not keep a binder for transportation events due to the non-residential program component. The Advocates are not required to keep a paper log to capture mileage, number of passengers and purpose of event. However, the agency requires the Advocate to utilize a Trip Log computer application which does indicate the mileage, driver, date and time and location of transportation events. All Advocates are compensated at a flat rate fee for activities which require transporting youth during all service delivery sessions. Advocates utilize their personal vehicles during all transportation events.</p>	
<p>2.03 - Case/Service Plan</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>	<p>YES</p>		
	<p>If NO, explain here: The agency policy number is 4.04 and is called Case Management. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.</p>		
<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p>Compliance</p>	<p>Eight youth records were reviewed to include three open and five closed. All service plans were observed to be developed on time in all eight files reviewed.</p>	
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Compliance</p>	<p>All eight youth case records reviewed contained documented evidence of the case/service plan being developed within the seven days of the NIRVANA.</p>	

<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>Seven out of eight youth case records reviewed included completed service plans. Seven youth case records contained evidence of completed service plans which are individualized and prioritized based on presenting problems and needs and goals identified by the NIRVANA. Seven of the eight youth case records include evidence of service type, frequency, and location; person(s) responsible; target dates for completion and actual completion dates; signature of youth, counselor, and supervisor; and the date the plan was initiated.</p>	<p>One closed youth case record did not include a fully completed case/service plan. This case was missing documented evidence of service, frequency, type, location, person responsible and target dates and completion dates. One additional community counseling youth case record did not have evidence of completing assigned goals.</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>Compliance</p>	<p>There were a total of five closed youth case records applicable to assess 30 and 60 day follow-up requirements. All five records have documented evidence of both 30 and 60 day reviews for progress by the counselor. Each youth case file has appropriate 30 day or 60 day or both follow-up events documented relative to the established timeframe in the case.</p>	
<p>2.04 - Case Management and Service Delivery</p>			<p>Satisfactory</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 agency policy number is 4.04 and is called Case Management. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.</p>	
<p>Counselor/Case Manager is assigned</p>	<p>Compliance</p>	<p>A review of all eight youth case records was conducted to confirm counselor assignments. All eight youth case records have documented evidence of a counselor being assigned.</p>	

<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit 	<p>Compliance</p>	<p>One of the seven client files is applicable for a referral to an outside resource for services not able to be provided by the agency. The referral developed by the agency required a referral to be made to a local community-based organization. The agency did submit a referral to local organization and did conduct a follow-up to ensure the youth was accepted in the program. The agency maintains contact with the youth to monitor progress in the program and support to family as needed. No referral to Case Staffing was required for this case. There are no requirements for the agency to attend court proceedings and/or to monitor court updates. No 30 or 60 day follow-ups are required at this time.</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 agency maintains a broad array of active partnerships with local agencies. The agency partners with organizations such as local mental health receiving facilities, local schools and substance abuse treatment programs in order to provide clients and their families with additional service options on an as needed basis.</p>	
<p>4.02 - Suicide Prevention</p>			<p>Satisfactory</p>
<p>YES</p>			
<p>If NO, explain here:</p>			

<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</p>	<p>The agency policy number is 3.01 and is called Suicide Prevention. The policy was reviewed, authorized and signed by the Program Director on January 12, 2023.</p>	
<p>Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)</p>		
<p>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.</p>	<p>Compliance</p>	<p>The agency conducts a suicide screening on all youth deemed eligible for admission to the program. Per the agency, none of the cases served in last six months screened positive for suicide risk.</p>
<p>The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services</p>	<p>Compliance</p>	<p>The agency's suicide risk assessment instrument has not been changed since last approved by the Florida Network of Youth and Family Services.</p>
<p>Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)</p>		
<p>Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.</p>	<p>Not Applicable</p>	
<p>Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals</p>	<p>Not Applicable</p>	
<p>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</p>	<p>Not Applicable</p>	
<p>Youth with Suicide Risk (<i>Community Counseling Only</i>)</p>		

<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>The agency conducts a suicide risk assessment screening on all youth deemed eligible for admission to the program. Per an interview with the agency's Director, none of the cases served in last six months screened positive for suicide risk.</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>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>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>		

When the screening was completed during school hours on school property, the appropriate school authorities were notified.	No eligible items for review		
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