



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



**Tampa Housing Authority
5301 West Cypress Avenue
Tampa, Florida 33607**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Modified Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Tampa Housing Authority (Tampa) for the FY 2022-2023 at its program office located at 5301 West Cypress Avenue, Tampa, 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. Tampa Housing Authority 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 Forefront LLC Principal and Lead Peer Reviewer, Keith Carr. Agency representatives from Tampa Housing Authority present for the entrance interview were Matthew Dickey, Data Manager and Jessy Kingsman, Case Manager. The last QI visit was conducted May 19, 2022.

In general, the Reviewer found that Tampa Housing Authority is not in compliance with specific contract requirements. Tampa Housing Authority **received an overall compliance rating of 33.3% for achieving partial compliance** with three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. There are corrective actions as a result of the monitoring visit and recommendations are 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 02-01-2022-2023

Agency Name: Tampa Housing Authority					Monitor Name: Baldwin Davis, Lead Reviewer							
Contract Type: CINS/FINS					Region/Office: 5301 West Cypress Avenue, Tampa, Florida							
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 1, 2023							
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: 16.6%; background-color: red; color: white; text-align: center; padding: 5px;">Unacceptable</td> <td style="width: 16.6%; background-color: yellow; text-align: center; padding: 5px;">Conditionally Unacceptable</td> <td style="width: 16.6%; background-color: black; color: white; text-align: center; padding: 5px;">Fully Met</td> <td style="width: 16.6%; background-color: green; text-align: center; padding: 5px;">Exceeded</td> <td style="width: 16.6%; 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Commercial Liability Insurance is secured through HAI Group. The policy included \$1,000,000 per Occurrence; Fire Damage limits \$50,000; Sports Liability limits \$250,000. Personal and Advertising Injury Liability is set at \$1,000,000; and Mold, Other Fungi or Bacteria Liability Claim is set at limits of \$100,000. Policy is effective 10/01/2022-10/01/2023. The certificate of insurance lists the Florida Network as additional insured. Workers Compensation and Employers Liability Insurance is provided through The Zenith. Workers Compensation and Employers Liability Insurance is provided through The Zenith. The policy coverage includes \$1,000,000 in Bodily injury for each		Corrective Action 1: The agency is required to present a current Workers' Compensation Policy with Florida Network added as additional insured.

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Contract Type: CINS/FINS					Region/Office: 5301 West Cypress Avenue, Tampa, Florida		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 1, 2023		
	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)
						<p>Accident; \$1,000,000 in Bodily Injury for each Disease policy limit; and \$1,000,000 in Bodily injury for each Disease each employee. The policy is effective 07/01/2022-07/01/2023.</p> <p>Auto Insurance is provided through the Auto-Owners Insurance automobile insurance company. Coverage includes combined liability for \$1 million, PIP for \$10,000 each person, medical limited to \$2,500, and uninsured motorist coverage for \$10,000/person and \$20,000/accident. Policy is effective 10/01/2022-10/01/2023. The certificate of insurance lists the Florida Network as additional insured.</p>	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The agency's policy manual titled Operating Procedures – Accounting - Finance was last reviewed March 1, 2022. The policy	No recommendation or Corrective Action.

CONCLUSION

Tampa Housing Authority has not 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. Two of the five indicators were not applicable because the provider does not have any current inventory purchased with DJJ/FN Funds and they do not currently use a petty cash system. Consequently, **the overall compliance rate for this contract monitoring visit is 33.3%**. There are two corrective actions cited and recommendations made as a result of the contract monitoring visit. Overall, the provider is not performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the indicators reviewed were carried out in a manner which meets the standards as described in the report's findings.

SUMMARY OF RECOMMENDATIONS

Corrective Action 1:

It is recommended that the agency formally reports these findings to the Florida Network Youth and Family Services and submits the corrective action plan results required by the management letter of December 2022 once it meets its independent fiscal audit compliance.

Corrective Action 2:

The agency did not provide proof of Workers Compensation Insurance with Florida Network listed as insured and update regarding the results of corrective action required by their fiscal audit. The agency must submit a current Worker's Compensation insurance with Florida Network Youth and Family Services included as additionally insured.

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 responsibility. 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 Tampa Housing Authority - Tampa
CINS/FINS Program

DATE: February 1, 2023

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
1.04 Training Requirements	Failed
1.06 Client Transportation	Not Applicable

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

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Limited
2.04 CaseManagement 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: 50 %
Percent of indicators rated Limited: 33.33 %
Percent of indicators rated Failed: 16.67 %

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 - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Keith Carr – Principal Consultant - Forefront LLC/Florida Network of Youth and Family Services

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

Documents Reviewed

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

Observations During Review

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

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

The agency provided the following programmatic updates:

Tampa Housing Authority (THA) provides individual, case management, and family services to clients who live in rural areas and have minimal access to much needed therapeutic treatment. The Children in Need of Services/Families in Need of Services (CINS/FINS) program is to be contractually managed by a Program Manager who oversees a Treatment Coordinator, a subcontracted part-time therapist and local college interns. Tampa Housing Authority also employs a Data Manager who assists on a part time basis with data entry for the CINS/FINS program.

The program experienced significant turnover during the last two years. Within the last year, the Program Manager's position was vacant but was temporarily filled by the former Treatment Coordinator who later resigned in early May 2022 but was filled in August 2022. Consequently, the Program Manager position remains vacant but the Data Manager and Directors who were present at the exit meeting reported that the Treatment Coordinator would be promoted to that position in the week following this review.

The Assistant Director of the Housing Authority oversees the program and it is supported by interns from local universities and colleges. A total of four interns were providing services at the time of this onsite review and along with the Treatment Coordinator, they see clients in person and are supervised by that Treatment Coordinator.

Narrative Summary

As part of its wider community services provided to the City of Tampa and more specifically Hillsborough County. Tampa Housing Authority provides community-based CINS/FINS services for youth and their families in Circuit 13, Hillsborough County. The program provides centralized screening and intake services during regular business hours and accepts referrals from established referral partners and local elementary, middle, and high schools. The program also receives referrals from youth, parents/guardians, and local community-based organizations.

At the time of the QI review, services were being provided by a subcontracted part-time therapist, who is a Licensed Mental Health Counselor (LMHC), and a Treatment Counselor who supervises four local college interns in the absence of the Program Manager's position. The program maintains electronic files for each youth which are labeled with the word "confidential" and are accessed through the staff's laptop only.

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

Standard 1: Management Accountability. Indicator 1.01 Background Screening was rated Limited; Indicator 1.04 Training received a Failed rating ; and Indicator 1.06 Transportation was not applicable.

Standard 2: Intervention and Case Management. Indicator 2.03 Case Service Plan of the two applicable indicators was rated limited and Indicator 2.04 Case Management and Service Delivery was rated Satisfactory with no exception.

Standard 4: Mental Health and Health Services. One indicator 4.02 is applicable to community counseling agencies. The relevant indicator 4.02 Suicide Prevention was rated Satisfactory with exceptions.

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

Standard 1: The program has a written policy governing suitability assessment, however they do not conduct suitability assessments for new hire staff, volunteers or interns and they do not have a suitability assessment tool. The program policy does not include a pre service training requirement of safety and supervision as part of their new hire staff training. The staff and four interns files did not indicate them receiving all the required mandatory training during the first 90 days of employment with the missing 90 day training being cultural humility, understanding youth/adolescent development, CPR, First Aid, confidentiality and universal precautions. There is no designated staff for training, files do not include an annual tracking form that keeps track of the training topics and corresponding hours completed annually or training certificates, sign-in sheets, agendas.

Standard 2: Two of the eight applicable files do not have documented evidence of actual completion dates of assigned goals. None of the service plans reviewed onsite consistently document the status of the progress of completing assigned goals at the 30, 60, 90 day review period. The agency's Service Plan Review/Goal Revision Forms is not completed and are blank or contain minimal/limited information. Specifically, no signatures of responsible parties are present in any of the eight files to verify plan reviews were conducted at 30, 60 and 90 day interval.

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>Limited</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>YES NO (explain below)</p>		
	<p>If NO, explain here:</p>		
	<p>The agency has a Policy Background Screening # 1.00 that was last reviewed in March 2021 by the Program Manager.</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>Exception</p>	<p>The program has a policy that states it 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 will provide an explanation for staff hired with a non-passing/low score.</p>	<p>The program has a written policy governing suitability assessment; however, staff states and confirms that they do not conduct suitability assessments for new hire staff, volunteers or interns. They do not have a suitability assessment tool that is required and authorized for use by the Florida Network Youth and Family Services. The one new hire staff did not complete a suitability assessment.</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>There was one new staff hired that was due for background screening since the last QI review. The program also utilized the services of four interns during this review period. The new staff and all four interns had eligible background screening results prior to start dates with the program.</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>There were no staff who were re-hired during this annual review period.</p>	
<p>Five-year re-screening completed every 5 years from initial date of hire</p>	<p>No eligible items for review</p>	<p>There were no applicable 5-year re-screening of staff during this review period.</p>	

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The program completed the Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) form and had it notarized and sent to the Department of Juvenile Justice on 1/24/2023, as evidenced by email sent to Background Screening Unit.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	There was one new staff hired due for employment verification which was done during this review period.	
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)		Failed	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	NO		
	If NO, explain here: The agency has a Policy titled Training # 1.05 that was last reviewed in March 2021 by the Program Manager and has not been updated for the past two years. The written policy is the Department of Juvenile Justice CINS/FINS Program Policy and Procedure Manual and it is not updated to state the specific and current training requirements and expectations for this review period.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Exception	The program had one first year staff that met this criteria.	The program has no evidence of staff and four interns completing new hire pre-service training. The program has policy that was last updated in March 2021 and does not include this pre-service training requirement of safety and supervision as part of their new hire staff training.
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	The program had one first year staff and four new interns who completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from their date 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.	No eligible items for review	One current program staff and four interns were hired less than a year ago and so there were no full year of training documentation to review. The staff and interns have several months to complete their full year annual training requirement.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Exception	The new hire staff and four interns did not receive all the required mandatory training during the first 90 days of employment from date of hire.	The new hire staff and four interns files did not indicate receiving all the required mandatory training during the first 90 days of employment, from date of hire. The missing 90 day trainings were cultural humility, understanding youth/adolescent development, CPR, First Aid, confidentiality and universal precautions.

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	The designated staff and interns who are responsible for entering NIRVANA have all completed all of the required trainings. The agency's Data Manager is trained designated person for ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS).
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	This indicator is 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).	No eligible items for review	The program experienced significant staff turnover during the review period and consequently, there was no applicable in-service staff training record to be reviewed.

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.	Exception	The program indicated that it has the designated Program Manager position that is responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance. Currently these are kept with the agency's HR Department that manages the entire agency HR functions.	Oversight of the training requirement falls within the responsibility of the Program Manager position. The agency does not have a Program Manager at the time of the review and is in the process of promoting the Case Manager to that position. Once she is in place, the Program Manager will take on this designated training responsibility.
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.	Exception	Training documentation is maintained for staff; however, the documentation reviewed does not include all information that is required to be maintained for staff training records.	Training records in the form of SkillPro and Bridge training logs are maintained by the program but does not include an annual tracking form that keeps track of the training topics and corresponding hours completed annually or training certificates, sign-in sheets, agendas.
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		NO	
		If NO, explain here: The agency has a Policy # 2.08 Client Transportation that was last reviewed in March 2021 by the Program Manager. The policy has not been updated for the past two years (March 2021) nor is it specific to the operational needs of program. The written policy is the Department of Juvenile Justice CINS/FINS Policy and Procedure Manual that does not correctly indicate the transportation process and practice status of the agency since THA does not transport youth.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	

In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	Not Applicable	Tampa Housing Authority CINS/FINS program does not transport youth.	
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 agency has a Policy # 2.06 Case/Service Plan. This policy was last reviewed in March 2021 by the Program Manager.		
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	Compliance	A random sample of eight open and closed client residential and community counseling records which received services in the last six months was conducted to assess the agency adherence to the requirements of this indicator. All community counseling files reviewed contained a service plan developed from information gathered at the initial screening, intake, suicide screening and NIRVANA assessment. Two files selected were closed due to client and family not responding to multiple attempts to schedule official appointments to continue services following the completion of the NIRVANA assessment. Additionally, transition of staff at the Supervisor and Counselor levels indicates turnover and placement of new staff in these positions in the last 3-4 months. A review of client files observed by the reviewer indicates all major service delivery requirements such as proof of screenings, intakes and assessments were completed. Other service delivery requirements such as Service Plan review sessions and tracking of Goals and objectives completed by each client was confirmed by reviewing case notes in each file.	

<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Compliance</p>	<p>All client file case records contained service plans developed within seven days of completion of the NIRVANA assessment.</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>The agency utilizes a service plan format for all client files, which utilizes the observations gathered and collected by staff during the screening process. All staff are trained to conduct screenings. Once collected the findings which included presenting problems are used to determine the client's eligibility status. The presenting problems are used to build the number of goals and objectives for each client's service plan. The service plan template for each of the applicable files includes multiple goals and objectives, service type, frequency, location, the person responsible for completing the goals and objectives, target date for completion, actual completion date, and the signature of the youth, parent/guardian, counselor and supervisor. All eight applicable client files have no less than three assigned service plan goals, objectives, frequency, persons responsible, and date the plan was initiated. Six of the eight applicable files have documented evidence of actual completion dates of assigned goals. All client files have documented evidence indicating the date the service plan was initiated.</p>	<p>Two of the eight applicable files do not have documented evidence of actual completion dates of assigned goals. Review of the current practice found existing client forms with missing information related to the status of all eight Treatment Plans. Eight of eight client records do not have documented evidence of youth's signature to verify in client engagement during service plan process. Eight of eight client records do not have documented evidence of the parent/guardian signature to verify in client engagement during service plan process. Eight of eight client records do not have documented evidence of signature to verify in counselor's engagement during service plan process. Eight of eight client records do not have documented evidence of signature to verify in supervisor's engagement during service plan process. Agency file format has areas designed on the form to capture actual signatures, however, none of the files have documented evidence of collecting signatures of participants. A review of client files, observed by the reviewer, indicates all major service delivery requirements such as proof of screenings, intakes and assessments were completed. Other service delivery requirements such as Service Plan review sessions and tracking of goals and objectives completed by each client was confirmed by reviewing case notes in each file.</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>Client file records were assessed to determine if the files contain documentation of file review sessions which track goal sand objective progress and completion. The current status of client files captures progress in case notes only. Eight of eight client file records reviewed were applicable for 30, 60 and 90 day case reviews.</p>	<p>None of the service plans reviewed onsite consistently document the status of the progress of completing assigned goals at the 30, 60, 90 day review period in a service plan review document. The agency's Service Plan Review/Goal Revision Forms are not complete and are blank or contain minimal/limited information. Eight of the eight applicable service plans did not have evidence of 30, 60, and 90 day reviews documented correctly in each client file. All progress found related to the status of the case was found in the progress notes. Files reviewed failed to contain evidence of the client file agency template to provide the status of progress in service plans, signatures of responsible parties, and any future steps to achieve goals and objectives as required.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>			

2.04 - Case Management and Service Delivery		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.04	YES	
	If NO, explain here:	
	The agency has a Policy # 2.07 Case Management Services. This policy was last reviewed in March 2021 by the Program Manager.	
Counselor/Case Manager is assigned	Compliance	All eight 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	Compliance	Five applicable client file case records reviewed had coordinated service plan implementation and planning associated with referrals completed for the identified needs. Three cases did not require coordinated service planning referrals to be completed to address the identified needs. Eight of eight records reviewed contained progress notes documenting the monitoring of the youth's/family's progress throughout the case. All eight client case records reviewed contained a progress note during the intake meeting with the family. Five of eight applicable case records reviewed had documentation of providing support to families associated with referral planning. Only one case record reviewed was applicable for additional referrals, and there was documented evidence this was completed. Five applicable case records reviewed provided appropriate case monitoring. 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 applicable case records contained a closure progress note as required. Four of the four closed case records were applicable for 30 day follow-up contacts, three had documented 30-day follow-ups. The remaining 30-day follow did not have evidence the follow-up was completed. However, the case notes indicated multiple attempts to contact the client and family. Two of the four closed case records were applicable for 60-day follow-ups. Both cases contained a completed 60-day follow-up.
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		Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here:		
	The agency has a Policy # 2.03 Identification of Suicide Risk in Community Counselling Programs. This policy was last reviewed in March 2021 by the Program Manager.		
Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)			
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	Eight applicable case records were reviewed to assess the agency's adherence to the requirements of this indicator. All youth were screened for suicide risk during the initial intake process using the CINS/FINS Intake Assessment form. One of eight client case file records reviewed had a client report feeling like killing themselves and was documented as positive for suicide risk screening during the home visit counseling session. 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 (<i>Shelter Only</i>)			
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)			
<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>Compliance</p>	<p>All client cases reviewed onsite were properly screened using the agency's suicide risk screening process. None of the client cases reviewed were identified as being positive for suicide risk. The agency is contracted with a licensed clinical professional. The licensed professional provides clinical oversight on all cases serviced by the agency.</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>Exception</p>	<p>One client reported to an agency Counselor they were feeling like killing themselves during a general counseling session. Counselor called Program Manager to inform her of comments. The Project Manager called the local Crisis Center. Crisis Center did not answer and Counselor called Police Department. A Police Officer conducted a status check at the client's home to determine if they met Baker Act status requirements. The client did not meet Baker Act status and was determined as needing to be transported to the local mental health receiving facility. The Counselor consulted the Licensed Clinical Social Worker (LCSW) and per consultation with LCSW the client was retained in program.</p>	<p>Documented evidence of an assessment to determine the client's suicide risk status and a safety plan was not found in the client file.</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>Exception</p>	<p>A review of the file to determine if the agency provided information resources to parents/guardian was conducted.</p>	<p>Documented evidence of the agency providing informational resources were not found in file, at time of the review, indicating the agency provided the client, parent and or guardian with community resources for additional assessment as needed.</p>
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>Compliance</p>	<p>Parent was informed of incident as the counseling session was being conducted in the home.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>Compliance</p>	<p>The counseling session was conducted with the client after school at the client's home.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			