



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

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

February 16, 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 Urban League of Palm Beach County (ULPBC) CINS/FINS program for the FY 2022-2023 at its program office located at 2107 Tamarind Avenue, West Palm Beach, 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. ULPBC 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 Marcia Tavares, Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, Tonya Gittens. Agency representatives from ULPBC present for the entrance interview were Patrick Franklin, President/CEO; Marie Sanches, Senior Vice President; LaTerrance Reed, Program Director; and case managers Willie Scott and Myiah White. The last QI visit was conducted March 2, 2022.

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

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 02-16-2022-2023

Agency Name: Urban League of Palm Beach County					Monitor Name: Marcia Tavares, Lead Reviewer				
Contract Type: CINS/FINS					Region/Office: 1700 N. Australian Avenue West Palm Beach, FL 33407				
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 16, 2023				
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)			
<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
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General Liability through the Philadelphia Indemnity Insurance Company, for limits of coverage of \$1,000,000 each \$3,000,000 aggregate, and \$5,000 medical expense coverage effective 5/27/2022-5/27/2023. Workers Compensation and Employers' liability through Ascendant Commercial Insurance Inc. with limits of \$500,000 each/aggregate per accident or disease, effective 12/28/2022-12/28/2023. Automobile insurance through Philadelphia Indemnity Insurance Company for combined single limit of \$1,000,000. Policy effective for 5/27/2022-5/27/2023.	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)
						Umbrella Liability coverage through Scottsdale Insurance Company with limits of \$10,000,000 each/aggregate, effective 12/2/2022-5/27/2023. Directors and Officers, and Employment Practices insurance, through Philadelphia Indemnity Insurance Company with limits of 1 million each/3 million aggregate effective 12/15/2022-12/15/2023. Professional liability insurance, through Philadelphia Indemnity Insurance Company with limits of 1 million each/3 million aggregate effective 5/27/22-5/27/23. Florida Network is listed as certificate holder.	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are maintained in the agency's Fiscal Management Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. Procedures are written for at	No recommendation or Corrective Action.

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Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met			Exceeded	Not Applicable
								a minimum, Budgetary and Internal Control, Record Retention/Disposal, Voucher System, Accounts Payable and Receivable, Invoicing, Contracts, Check Requests, Petty Cash, Purchasing, check request, payroll, and cash receipts. The manual was revised 10/27/2020.	
b. Petty cash ledger system is balanced, and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no petty cash account for the CINS/FINS Program.	No recommendation or Corrective Action.
c. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation The program maintains an inventory list of four laptops, four iPads, and four small printers purchased in previous years with DJJ/FN Funds. No new equipment was purchased with FN funds during the current FY.	No recommendation or Corrective Action.
d. A Single Audit is performed as part of the annual audit if expenses are greater than \$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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation William Washington, CPA completed the provider's Single Audit on October 21, 2022, for the year ended June 30, 2022. No Management Letter was issued as no corrective Action is required.	No recommendation or Corrective Action.

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and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS									

CONCLUSION

Urban League of Palm Beach County has met the requirements for the CINS/FINS contract as a result of full compliance with all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. One of the five indicators was not applicable because the provider does not have or use a petty cash account. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report'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 responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach County
Community Counseling Program

February 16, 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	Not Applicable

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

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Satisfactory
2.04 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

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Tonya Gittens – Regional Monitor, Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective September 1, 2022).

Persons Interviewed

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

Documents Reviewed

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

Observations During Review

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

Surveys

0 # of Youth	3 # 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

Urban League of Palm Beach County (ULPBC) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) community counseling services to youth and families in Palm Beach. The administrative office is located at 1700 North Australian Avenue, and program staff offices are located in a separate location in the heart of one of West Palm Beach's high crime/high risk neighborhoods, at 2107 Tamarind Avenue, West Palm Beach. The visibility of the program office in the local community brings awareness to its services and makes it accessible to youth and families. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk.

The following programmatic updates were provided by the agency:

Staffing

Urban League of Palm Beach County entered the 2022-2023 Fiscal Year with the intentionality to provide the best possible service to its constituents in Palm Beach County. The composition of the CINS/FINS team has remained stable over the past year and there are currently no vacant positions.

Program Updates

A couple of important initiatives were put in place to reintroduce the staff to key contacts in the local schools and have a greater presence in the Palm Beach County community. The Program Director, Mr. Reed, has fulfilled those initiatives by attending School Based Team (SBT) meetings and attending open houses to educate school administration and parents about the program. In addition, Mr. Reed attends monthly Department of Juvenile Justice Circuit 15 meetings, District Diversity and Equity Committee Meetings with Palm Beach County School District, and conducts case staffing meetings. The approach taken by Mr. Reed and his team has allowed the program to increase the number of referrals, participate in more outreach events, inundate the schools with referrals, and provide the potential for more youth activities.

Services are provided to youth in their local school where case managers visit three days per week and family sessions are held in home or at a convenient community meeting place. The program offers virtual services if requested by parent/guardian.

Facility

The program is proud to offer use of its computer lab equipped with fifteen (15) computers to local youth who utilize the lab for wi-fi access and homework. The lab continues to serve the community well and remains a valuable resource for youth and families.

Funding/Finance

The ULPBC has not received any new funding for the CINS/FINS program this fiscal year.

Governance and Community

Each year, the Urban League distributes turkey and food to families in the community. This past year the agency held two events, in the months of July and November, and provided food to more than 450 families.

Narrative Summary

ULPBC is under the leadership of a Chief Executive Director and a Senior Vice President of Programs. The CINS/FINS program is managed by a Youth and Education Manager who supervises two case managers who were hired in 2019. The program has not reported any incidents, administrative reviews, or current external investigations for which a corrective action plan was issued.

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

Standard 1:

Three indicators were reviewed for this standard: 1.01 Background Screening of Employees/Volunteers, 1.04 Training Requirements, and 1.06 Client Transportation. One of the three indicators, 1.06 is not applicable because Urban League prohibits staff from transporting youth/family. The two remaining indicators 1.01 and 1.04 were rated satisfactory with no exceptions.

Standard 2

Two indicators were reviewed for Standard 2, indicator 2.03 Case/Service Plan, and 2.04 Case Management and Service Delivery. Both indicators were rated satisfactory; however, indicator 2.03 was found to have an exception. The exception for indicator 2.03 was as a result of the case plans being implemented between two and four days late in two of the ten records reviewed.

Standard 4:

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

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

None of the indicators reviewed received a Limited or Failed Rating.

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: The provider has the required policy and procedure # 5.03 that was reviewed and approved by the Chief Executive Officer (CEO) on September 1, 2022.</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>No eligible items for review</p>	<p>The program utilizes HR Avatar for pre-employment assessments and has an established passing score of 60%; however, there were no applicable suitability assessments completed because no new staff was hired since the last QI review.</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>No eligible items for review</p>	<p>No new staff was hired 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>Each of the current staff has worked with the program since their original hiring date with no break in employment.</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 eligible 5-year rescreened staff during the review period</p>	
<p>Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?</p>	<p>Compliance</p>	<p>The program submitted the Affidavit of Annual Compliance with Level 2 Screening Standards form via email to the Department on January 20, 2023, meeting the annual requirement.</p>	

Proof of E-Verify for all new employees obtained from the Department of Homeland Security	No eligible items for review	No new staff was hired during the 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)			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	The provider has the required policy and procedure # 6.04 that was reviewed and approved by the CEO on September 1, 2022.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	No eligible items for review	The program has not hired any new staff since the last QI review.	
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)	No eligible items for review	The program has not hired any new staff since the last QI review.	
All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.	No eligible items for review	The program has not hired any new staff since the last QI review.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	No eligible items for review	The program has not hired any new staff since the last QI review.	
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.	No eligible items for review	The program has not hired any new staff since the last QI review.	

Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)		
Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	Not Applicable	Not applicable to community counseling programs.
In-Service Direct Care Staff		
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	Compliance	Training records for the three in-service CINS/FINS program staff were reviewed. Each staff completed an excess of 24 hours of mandatory annual refresher training including the required Florida Network and DJJ SkillPro training.
Required Training Documentation		
The agency has a designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.	Compliance	Program staff are responsible for completing training and furnishing supporting documentation for their training files. The training files are monitored by the program manager who ensures all mandatory trainings are completed as required.
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as electronic record/transcript, training certificates, sign-in sheets, and agendas for each training attended.	Compliance	The program maintains individual training binders for each employee, which include a training log that tracks training hours and topics. Annual training is based on the calendar year for each staff. Related documentation, such as certificates, sign-in sheets, and agendas for trainings completed are maintained yearly in the file.
Additional Comments: There are no additional comments for this indicator.		
1.06: Client Transportation		Not Applicable
Provider has a written policy and procedure that meets the requirement for Indicator 1.06	N/A	
	If NO, explain here:	
	The provider has a written policy and procedure # 1.06 that states employees are forbidden to provide transportation to minor clients. The policy was approved by the CEO effective September 1, 2022.	

Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Not Applicable	Urban League of Palm Beach County (ULPBC) transportation policy #1.06 forbids staff from transporting minor clients. Staff signs the policy upon hire.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Not Applicable	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	Not Applicable	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
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	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Not Applicable	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Not Applicable	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	Not Applicable	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
Additional Comments: There are no additional comments for this indicator.			
2.03 - Case/Service Plan			Exception
Provider has a written policy and procedure that meets the requirement for Indicator 2.03	YES		
	If NO, explain here:		
	The provider has the required policy and procedure # 2.03 that was approved by the CEO on September 1, 2022.		

The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	Compliance	A review of five closed and five open records supported each youth's case plan was developed based on information gathered during the initial screenings, intake, suicide screening and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Exception	A review of five closed and five open records showed eight youth records had a Nirvana developed in the required seven days. Two youth plans were late.	Case plans were implemented late in two of the ten records reviewed. One of the youth's NIRVANA was completed on 12/13/2022 and the case plan was completed four working days late on 12/28/22. The other youth's NIRVANA was completed on 11/28/2022 and the case plan was completed two working days late on 12/9/22.
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	Compliance	A review of five closed and five open records supported all ten youth case/service plans included date the plan was initiated, individualized goals identified by the NIRVANA, service type, frequency, location, persons responsible, and signatures of all required parties. The five closed records showed all goals were completed upon case termination. The five active cases identified the goals that were completed as well as target dates for goals in progress.	
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	Compliance	All ten case/service plans included timely reviews for progress by counselor, parent, youth and supervisor every 28,56, 84 and 98 days.	
Additional Comments: There are no additional comments for this indicator.			
2.04 - Case Management and Service Delivery			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.04	YES		
	If NO, explain here:		
	The provider has the required policy and procedure # 2.04 that was approved by the CEO on September 1, 2022.		
Counselor/Case Manager is assigned	Compliance	A review of five closed and five open case record demonstrate all ten youth were assigned a case manager when they entered the program.	

<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>All ten records included documentation to support the case manager coordinated service plan implementation, monitored youth and/or family's progress in services, and provided support to families. There were case termination notes in all five closed record. Two of the ten records were applicable for having 30 day follow-ups completed after exit from the program. None of the ten youth were applicable for needing referrals, monitoring of out-of-home placement, and court appointments. There were no youth applicable for sixty day follow-up.</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 maintains a binder with seventeen Memorandum of Understanding (MOUs) and nine referral agency partners. Inter-agency agreements included middle and high schools, counseling and drug abuse providers, legal, local county law enforcement, housing, religious, family assistance, and multicultural organizations.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			

4.02 - Suicide Prevention		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	NO		
	If NO, explain here: Provider's policy 4.02, Suicide Prevention, does not include identification of suicide risk in community counseling programs per Florida Network's Policy 3.02.01		
	Provider has a policy # 4.02 for Suicide Prevention that was approved September 1, 2022; however, the policy does not fully address ULPBC's program response to suicide risk.		
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.	No eligible items for review	Per interview with the Program Manager, the program has not served any youth who were screened as a suicide risk since the last onsite QI review. In the event youth is identified as a suicide risk, the program contracts with a licensed mental health professional who will conduct the assessment of suicide risk and determine appropriate actions necessary.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	ULPBC uses the Suicide Risk Assessment that was developed by the Florida Network that was last revised 6/30/2022.	
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	ULPBC is a community counseling provider.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	Not Applicable	ULPBC is a community counseling provider.	
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	ULPBC is a community counseling provider.	

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>The program has not served any youth since the last QI review who was identified 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>The program has not served any youth since the last QI review who was identified for suicide risk.</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>The program has not served any youth since the last QI review who was identified for suicide risk.</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>The program has not served any youth since the last QI review who was identified for suicide risk.</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>The program has not served any youth since the last QI review who was identified for suicide risk.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			