



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

Children's Home Society of Florida - (Osceola)

5766 S. Semoran Blvd.
Orlando, FL 32822

February 28, 2024

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a Quality Improvement (QI) monitoring visit on behalf of the Florida Network of Youth and Family Services (FNYFS) for the Children's Home Society of Florida (Osceola) for the FY 2023-2024 at its program office located at 5766 S. Semoran Blvd. Orlando, FL 32822. 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. Children's Home Society of Florida (Osceola) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective from July 2023 through June 30, 2024.

The review was conducted by Andrea Haugabook, Consultant for Forefront LLC and Jennifer Tummino and Keith Carr. Agency representatives from Children's Home Society of Florida Kissimmee (Osceola) present for the entrance interview were: Kristie Walsh, Cinthya Muniz and Arantra Felix. The last onsite QI visit was conducted on October 6, 2022.

In general, the Reviewer found that Children's Home Society of Florida Kissimmee (Osceola) is in compliance with specific contract requirements. **Children's Home Society of Florida Kissimmee (Osceola) received an overall compliance rating of 90% for achieving full compliance with 11 indicators** of the CINS/FINS Monitoring Tool. There was one recommendation for corrective action made for an indicator rated as conditionally acceptable.

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

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024		
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:
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type of program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has one certified peer reviewer. Program was without employees August – September 2023. There are currently three employees. Two of the three employees are new to CINS and are not certified as peer reviewers.	Recommended corrective action: Agency needs to meet requirement of minimum of two (2) certified peer reviewers for program.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such a listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview with the program supervisor indicated, the community counseling program is supported by the Florida Network of Youth and Family alone. There are no additional funding sources for this program.	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency presented a certificate of insurance from Combs Insurance Services, LLC. The following agencies were listed as insurers affording coverage: Alliance of Nonprofits for Insurance and United Wisconsin Insurance Company. The certificate showed coverage from 07/01/2023 -	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024		
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:
	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						
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are no corrective action items cited by external funding sources.	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024		
	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:
GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV						maintains fiscal files that are audit ready.	
b. Agency maintains a general ledger and the corresponding source documents. A general ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the agency’s general ledger from August 2023- January 2004, showed that it maintains a general ledger which is set up to track the activity of the grant separately.	
c. 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"/>	The program supervisor has a corporate credit card that is used for local purchases. The program supervisors upload credit card receipts, monthly, to the director of out of home programs. Credit card statements are paid by the finance team monthly along with invoices received from the administrative assistant and approved by the administrative supervisor.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invoices are submitted electronically to the administrative assistant and reviewed by the administrative supervisor, then paid by the finance team monthly. Bank statements are reconciled within 6 weeks of receipt.	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024		
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:
Financial records are reviewed by the finance team monthly. The CFO attends finance committee meetings.							
e. 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) has been submitted to DJJ. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program has no inventory over \$1000 requiring a DJJ property inventory number/ tag and has not purchased anything with FNYFS funds.	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the agency’s bank statement from August 2023- January 2024 and the general ledger for the same time period showed payments of payroll taxes and applicable deposits.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An interview with the program supervisor indicated the budget to actual reports are prepared by the program supervisor and reviewed by the director of out of home programs. Variances are investigated and explained to the vice president of child and family wellbeing.	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024		
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:
h. 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. Can obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency provided the audited financial statement from RSM US LLP, dated December 15, 2023. No corrective action plan was required. The audit was completed within 120 days after the previous fiscal/ calendar year and a copy was provided to the Florida Network of Youth and Family Services.	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a confidentiality policy and procedure to ensure the security and privacy of all employee and client data. All employee and client data is stored on the agency’s secure server and is only accessible to employees with user access. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops and there are no documents maintained on-site. Computer hard drives are wiped prior to discarding.	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 2-28-2023-2024

Agency Name: Children’s Home Society of Florida (Osceola)					Monitor Name: Andrea Haugabook, Lead Reviewer	
Contract Type : CINS/FINS					Region/Office: 5766 S. Semoran Blvd, FL 32822	
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 02/28/2024	
	Explain Rating					
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable:
				Not Applicable		
j. Agency provided evidence that every direct care staff employee, as of October 1, 2023, is being paid at least \$19.00 per hour. This also includes funding for additional staff as approved by the Department. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence reviewed of each direct care employee’s salary indicates that they are paid at least \$19.00 per hour.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 2-28-2023-2024

CONCLUSION

Children's Home Society of Florida Kissimmee (Osceola) has met the requirements for the CINS/FINS contract as a result of full compliance with 11 applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the fourteen indicators were not applicable because the agency does not use petty cash, the agency maintains no inventory valued greater than \$1000, needing a Department of Juvenile Justice (DJJ) inventory tag, neither has purchased computer equipment requiring completion of an IRR form and there are no external corrective action items. Consequently, **the overall compliance rate for this contract monitoring visit is 90%**. There is one corrective action cited 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 described in the report findings.

SUMMARY OF RECOMMENDATIONS/CORRECTIVE ACTIONS

Corrective Action

1. Increase number of certified peer reviewers to meet contractual requirements and submit name(s) for waitlist for future CINS FINS Peer Certification training.

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 Childrens Home Society of Florida - Kissimmee (Osceola)
CINS/FINS Program

Date: February 28, 2024

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of Indicators rated Satisfactory: 85.71 %

Percent of Indicators rated Limited: 14.29 %

Percent of Indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Special Populations	Not Applicable
2.09 Stop Now and Plan (SNAP)	Not Applicable

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
-------------------------	--------------

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: 94.12 %

Percent of indicators rated Limited: 5.88 %

Percent of indicators rated Failed: 0 %

February 28, 2024

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

Andrea Haugabook - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Jennifer Tummino – Regional Monitor, Department of Juvenile Justice

Keith Carr – Forefront LLC

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 July 1, 2023).

Persons Interviewed

<ul style="list-style-type: none"> Chief Executive Officer Chief Financial Officer Chief Operating Officer Executive Director X Program Director Program Manager Program Coordinator Clinical Director Counselor Licensed 	<ul style="list-style-type: none"> Case Manager X Counselor Non-Licensed Advocate Direct – Care Full time Direct – Part time Direct – Care On-Call Intern Volunteer X Human Resources 	<ul style="list-style-type: none"> Nurse – Full time Nurse – Part time # Case Managers 1 # Program Supervisors # Food Service Personnel # Healthcare Staff # Maintenance Personnel 1 # Other (listed by title): <u>Talent Onboarding Coordinator</u>
---	--	--

Documents Reviewed

<ul style="list-style-type: none"> X Accreditation Reports X Affidavit of Good Moral Character CCC Reports Logbooks Continuity of Operation Plan Contract Monitoring Reports Contract Scope of Services Egress Plans X Fire Inspection Report Exposure Control Plan 	<ul style="list-style-type: none"> X Table of Organization Fire Prevention Plan Grievance Process/Records Key Control Log Fire Drill Log Medical and Mental Health Alerts Precautionary Observation Logs Program Schedules List of Supplemental Contracts Vehicle Inspection Reports 	<ul style="list-style-type: none"> Visitation Logs X Youth Handbook # Health Records # MH/SA Records # Personnel /Volunteer Records 4 # Training Records 5 # Youth Records (Closed) 5 # Youth Records (Open) # Other: ____
--	---	---

Observations During Review

<ul style="list-style-type: none"> Intake Program Activities Recreation Searches Security Video Tapes Social Skill Modeling by Staff Medication Administration 	<ul style="list-style-type: none"> X Posting of Abuse Hotline Tool Inventory and Storage Toxic Item Inventory & Storage Discharge Treatment Team Meetings Youth Movement and Counts Staff Interactions with Youth 	<ul style="list-style-type: none"> Staff Supervision of Youth Facility and Grounds First Aid Kit(s) Group Meals X Signage that all youth welcome Census Board
---	---	---

Surveys

<ul style="list-style-type: none"> 0 # of Youth 	<ul style="list-style-type: none"> 2 # of Direct Staff 	<ul style="list-style-type: none"> # of Other
---	--	--

February 28, 2024

Comments

A Quality Improvement Program Review was conducted for FY 2023-2024.

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 has undergone a complete realignment and restructuring process in order to leverage talent and expertise across all of its programs.

The following programmatic updates were provided by the agency:

A strategic vertical alignment, over several years, has allowed CHS to leverage its expertise in other areas of the state in order to best provide services for each of their programs. Staff members and peers across the state who are doing the same work allows the agency to maximize the quality of work CHS provides in each region and county. The agency and staff report having already seen, as a result of this implementation, that staff are able to spend more time with children and families and realize successes quicker. In the summer of 2023, CHS finalized the last stage of alignment and all programs statewide have made this shift. There has been an increase in subject matter expertise and sharing of this knowledge and best practice to improve the work being done with children and families served.

The Executive Director in each region now focuses outward to explore new organizational growth opportunities while strengthening existing community and funder relationships. The role of the new operations team is to focus solely on program proficiency. Osceola CINS/ FINS community counseling program now falls under the statewide Child and Family Well Being business line. It is structured as follows: President/ CEO, Chief Program & Clinical Officer, Sr. VP of Operations, VP of Child and Family Well Being, Director of Out of Home Programs, Community Counseling Program Supervisor.

Narrative Summary

Children's Home Society is licensed by Department of Children and Families (DCF) until the first day of April 2024, as a child placing agency and case management organization/ agency. The program holds a current accreditation, through June 30, 2025, with the Council on Accreditation. The program continues to operate in a virtual work environment, in that there is no physical office space designated for the program and program files are maintained electronically on a secure server. Services are provided in community settings and documentation is completed in the home offices of the team members. Since the last QI review the community counseling program has a whole new team. This team now consists of a new program supervisor, and two new counselors.

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

Standard 1: There are seven indicators for Standard 1.

Indicator 1.01 Background Screening of Employees/Volunteers was rated **Satisfactory with Exception.**

Indicator 1.02 Provision of an Abuse Free Environment was rated **Satisfactory.**

Indicator 1.03 Incident Reporting was rated **Satisfactory.**

Indicator 1.04 Training Requirements was rated **Limited.**

Indicator 1.05 Analyzing and Reporting Information was rated **Satisfactory.**

Indicator 1.06 Client Transportation was rated **Satisfactory.**

Indicator 1.07 Outreach Services was rated **Satisfactory with Exception.**

February 28, 2024

Standard 2: There are nine indicators for Standard 2.

Indicator 2.01 Screening and Intake was rated **Satisfactory**.

Indicator 2.02 Needs Assessment was rated **Satisfactory**.

Indicator 2.03 Case/Service Plan was rated **Satisfactory with Exception**.

Indicator 2.04 Case Management and Service Delivery was rated **Satisfactory**.

Indicator 2.05 Counseling Services was rated **Satisfactory with Exception**.

Indicator 2.06 Adjudication/Petition Process was rated **Satisfactory**.

Indicator 2.07 Youth Records was rated **Satisfactory**.

Indicator 2.08 Specialized Additional Program Services was rated **Not Applicable**.

Indicator 2.09 Stop Now and Plan (SNAP) was rated **Not Applicable**.

Standard 4: There is one indicator applicable for Standard 4.

Indicator 4.02 was rated **Satisfactory**.

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

Standard 1: Indicator 1.04 Training Requirements was rated limited due to:

Three of three employee training files showed evidence of deficiencies in completing training within the required timeframes. The agency underwent major restructuring and was without staff in this program for two months in August and September 2023. One of three staff members is a tenured employee with many years in a leadership position not requiring all the trainings equivalent to a direct care staff. The following is a summary of the deficiencies in each employee's training file.

Employee file #1 : The following courses were completed late, outside the required time frame:

1. Required within 30 days of hire: # 1484 - Civil Right & Federal Funds,
2. Required within 90 days of hire: #112 Equal Employment Opportunity, # 316 Human Trafficking Intervention for Direct Care Staff, # 45 Information Security Awareness, # 1549 Prison Rape Elimination Act (PREA) Part 1, # 1546 Prison Rape Elimination Act (PREA) Part 2, # 111 Sexual Harassment, # 125 Trauma Responsive Practices, Florida Network Youth Suicide Prevention, Sign and Symptoms of Mental Health and Substance Abuse, Universal Precautions / Communicable Diseases / Infection Control Bloodborne Pathogens.
3. There is no record of completion for the following training: Cultural Humility / Cultural and Linguistic Diversity and Adolescent Development / Positive Youth Development / Adolescent Development and Behavior.

Employee file #2: The following courses were completed late, outside the required time frame:

1. Required within 30 days of hire: # 1484 - Civil Right & Federal Funds.
2. Required within 90 days of hire: # 168 - Child Abuse: Recognition, Reporting and Prevention, CINS/FINS Core Training and Signs and Symptoms of Mental Health and Substance Abuse.
3. There is no record of the completion of: # 45 Information Security Awareness Training, # 1549 Prison Rape Elimination Act (PREA) Part 1, # 1546 Prison Rape Elimination Act (PREA) Part 2, # 125 Trauma Responsive Practices.

Employee file #3: There is no record of completion for # 168 Child Abuse: Recognition, Reporting and Prevention, # 1112 Equal Employment Opportunity, # 316 Human Trafficking Intervention for Direct Care Staff, Signs and Symptoms of Mental Health and Substance Abuse and Adolescent Development / Positive youth Development / Adolescent Development and Behavior.

CINS/FINS QUALITY IMPROVEMENT TOOL			
Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator for each item within the indicator.	Summary/Narrative Findings: The narrative write-up is a thorough summary of each assigned QI indicator, explaining how finding(s) are determined.	Deficiencies/Exceptions: Please add additional detailed explanations for any items that have any deficiencies or exceptions.	
Standard One – Management Accountability			
1.01: Background Screening of Employees, Contractors and Volunteers			Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	YES		
	If NO, explain here:		
	The agency has a policy # CHS 7101 Background screening of Employees/ Volunteers, Annual Affidavit of Compliance with Good Moral Character & Annual Abuse Registry Clearance, last updated 02/17/2024 by the Director of Out of Home Services.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of New Hire Employee/Intern/Volunteer Files: Two employee files, One intern file Total number of 5 Year Re-screen Employee Files: One employee file Staff Position(s) Interviewed (No Staff Names): Director of Out of Home Services Type of Documentation(s) Reviewed: E-Verify summary from the Department of Homeland Security, Department of Juvenile Justice background screening results from Agency for Healthcare Administration, Berke suitability assessment results. Describe any Observations:			
All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.	Exception	Three of four employee files reviewed successfully passed the pre-employment suitability assessment on the initial attempt. The agency uses a suitability assessment tool with a scoring function for all positions providing direct services to youth.	One of four employee files reviewed did not pass the suitability assessment on the initial attempt.
For any applicant that did not pass the initial suitability assessment, there was evidence that the applicant retook the assessment and passed within five (5) business days of the initial attempt, not exceeding three (3) attempts within thirty (30) days.	Exception	Three of four employee files reviewed successfully passed the pre-employment suitability assessment on the initial attempt. The agency utilizes additional behavioral interviewing questions for any candidates with a lower score on the suitability assessment to ascertain additional information in the competency area(s) and aid in the hiring decision. The agency will provide the behavioral interviewing questions with notes to support the hiring of staff in addition to the suitability assessment.	One of four employee files reviewed did not pass the suitability assessment on the initial attempt. Instead of a 2nd attempt, the program uses additional interview questions to determine the employee's suitability. Evidence of additional interview questions was present in the employee's file. Interview with the program supervisor indicated that the agency's practice is to use the additional interview questions to determine the employees suitability. According to the program supervisor the agency felt as if this employee scored low on the suitability assessment due to language barriers, however, after the subsequent interview the program was confident in the employee's suitability to perform the intended job position. Initial assessment and secondary interview occurred within thirty days.

<p>Agency has evidence for employees who have had a break in service for 18 months or more, and/or when the agency had a change or update in the suitability assessment tool used was different from the employee's original assessment, that a new suitability assessment and background screening was completed as required.</p>	<p>No eligible items for review</p>	<p>The agency has no employees who have had a break in service for 18 months or more.</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. <i>(Employees who have had a break in service and are in good standing may be reemployed with the same agency without background screening if the break is less than 90 days.)</i></p>	<p>Compliance</p>	<p>Two of three applicable files reviewed contained evidence of completion of a background screening prior to hire/ start date. One employee had a hire date prior to the date of the completion of the background screening. The Director of Out Home Services indicated the employee's hire date is for the purpose of the payroll system only and the employee welcome letter and evidence of onboarding did not commence until after the date of the background screening.</p>	
<p>Five-year re-screening is completed every 5 years from the date of last screening.</p>	<p>Compliance</p>	<p>One of one applicable employee file review showed evidence of completion of a five-year rescreen within the required timeframe.</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 agency had a completed Annual Affidavit of Compliance with level 2 background screening standards (Form IG/ BSU 006) which was emailed to the Department of Juvenile Justice (DJJ) Background Screening Unit on 01/16/2024.</p>	
<p>Proof of E-Verify for all new employees obtained from the Department of Homeland Security</p>	<p>Compliance</p>	<p>Three of three applicable, employee files reviewed showed evidence of completion of E-Verify from the Department of Homeland Security.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.02: Provision of an Abuse Free Environment</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</p>	<p>YES</p> <p>If NO, explain here:</p> <p>Policy CHS/7102 Providing an Abuse Free Environment was last reviewed and approved on 2/17/24 by the Director of Out of Home Programs.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i></p>			
<p>Staff Position(s) Interviewed (No Staff Names): The Program Supervisor was interviewed and indicated there were no internal incidents or allegations of abuse during the review period. Type of Documentation(s) Reviewed: Policy CHS/7102 Providing an Abuse Free Environment Describe any Observations: There were no observations because the staff work remotely from their home offices. Consequently, no tour was done.</p>			

<p>Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.</p>	<p>Compliance</p>	<p>The program has a code of conduct, contained within Policy CHS/7102, which prohibits the use of physical abuse, profanity, threats or intimidation.</p>	
<p>The agency has a process in place for reporting and documenting child abuse hotline calls.</p>	<p>Compliance</p>	<p>The agency has a process in place for reporting and documenting child abuse hotline calls but has not had any instances of hotline calls in the past six months.</p>	
<p>Youth were informed of the Abuse and Contact Number</p>	<p>Compliance</p>	<p>Six community counseling files reviewed evidenced the youth being informed of the abuse hotline contact number.</p>	
<p>Grievance</p>			
<p>The program must have an accessible and responsive grievance process for youth to provide feedback and address complaints. Program director/supervisor will have access to and manage grievances unless it is towards themselves.</p>	<p>Compliance</p>	<p>The program has a grievance process available for youth to provide feedback and address complaints. The program has a grievance box with grievance forms located in the front lobby area of the administrative office. Primary meetings with clients can occur in three locations to include: school, community, and/or agency office. Interview with the director of out of home programs, indicated that staff working remotely have grievance forms available for clients at all times. Clients are informed that they may report their grievances directly to staff either verbally or in writing. Grievances are reported to the program supervisor and If not resolved, then escalated to the director of out of home care for resolution and/or follow-up.</p>	
<p><u>Shelter only:</u> Grievances are maintained on file at minimum for 1 year.</p>	<p>Not Applicable</p>	<p>This agency is contracted for community counseling services only.</p>	
<p><u>Shelter only:</u> There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.</p>	<p>Not Applicable</p>	<p>This agency is contracted for community counseling services only.</p>	
<p><u>Shelter only:</u> There is evidence that grievance boxes are checked by management or a designated supervisor at least daily as evidenced in the program logbook.</p>	<p>Not Applicable</p>	<p>This agency is contracted for community counseling services only.</p>	
<p><u>Shelter only:</u> All grievances are resolved within 72 hours and documented by program director/supervisor or escalated to higher leadership if grievance involves them directly.</p>	<p>Not Applicable</p>	<p>This agency is contracted for community counseling services only.</p>	

1.03: Incident Reporting		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 1.03	YES		
	If NO, explain here:		
	Policy CHS/7103 Incident Reporting was last reviewed and approved on 2/17/24 by the Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Staff Position(s) Interviewed (No Staff Names): The Program Supervisor was interviewed and indicated there were no calls to the Departments Central Communications Center (CCC) during the review period. Type of Documentation(s) Reviewed: Policy CHS/7103 Incident Reporting Describe any Observations: There were no observations because the staff work remotely from their home offices. Consequently, no tour was done.			
During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	No eligible items for review	The program did not have any reportable incidents which required notifying the Department's Central Communication Center (CCC) during the past six months.	
The program completes follow-up communication tasks/special instructions as required by the CCC	No eligible items for review	The program did not have any reportable incidents which required follow-up communication.	
Agency internal incidents are documented on incident reporting forms and all CCC reportable incidents were consistently reported to CCC as required.	No eligible items for review	The program did not have any reportable incidents documented on incident reporting forms.	
Incidents are documented in the program logs and on incident reporting forms	No eligible items for review	The program did not have any reportable incidents documented on incident reporting forms or in the program logs.	
All incident reports are reviewed and signed by program supervisors/ directors	No eligible items for review	The program did not have any reportable incidents documented on incident reporting forms.	

1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)		Limited	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	Policy CHS/7104 Training was last reviewed and approved on 2/17/24 by the Director of Out of Home Programs.		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</p>			
<p>Total number of New Hire Staff Files: Three Total number of Annual In-Service Staff Files: None Total number of Non-Licensed Mental Health Clinical Shelter Staff Files: Non-Applicable Annual Training Plan Timeframe (Program timeframe for annual trainings): Annually after the first year of completion. Staff Position(s) Interviewed (No Staff Names): Program Supervisor Type of Documentation(s) Reviewed: Skill Pro Training and Program Training Records</p>			
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Not Applicable	Three of three direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	Exception	Three staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training.	Two of the three staff did not complete the training within 30 days from 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.	Compliance	Three staff were reviewed and are all within the first full year of employment to this CINS/ FINS program. There is still time remaining for each staff member to complete 80 hours of training within the first year of employment. At the time of this review the three staff member have completed 57.3, 58.5 and 66 hours of training.	

<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>Three staff were reviewed and none of the three staff completed all the mandatory training during the first 90 days of employment from date of hire.</p>	<p>Employee file #1 : The following courses were completed late, outside the required time frame: 1. Required within 30 days of hire:# 1484 - Civil Right & Federal Funds, 2. Required within 90 days of hire: #112 Equal Employment Opportunity, # 316 Human Trafficking Intervention for Direct Care Staff, # 45 Information Security Awareness, # 1549 Prison Rape Elimination Act (PREA) Part 1, # 1546 Prison Rape Elimination Act (PREA) Part 2, # 111 Sexual Harassment, # 125 Trauma Responsive Practices, Florida Network Youth Suicide Prevention, Sign and Symptoms of Mental Health and Substance Abuse, Universal Precautions / Communicable Diseases / Infection Control Bloodborne Pathogens. 3. There is no record of completion for the following training: Cultural Humility / Cultural and Linguistic Diversity and Adolescent Development / Positive Youth Development / Adolescent Development and Behavior.</p> <p>Employee file #2: The following courses were completed late, outside the required time frame: 1. Required within 30 days of hire: # 1484 - Civil rights & Federal Funds. 2. Required within 90 days of hire: Child Abuse: Recognition, Reporting and Prevention, CINS/ FINS Core Training and signs and symptoms of Mental Health and Substance Abuse. 3. There is no record of completion of: #45 Information Security Awareness training, #1549 Prison Rape Elimination Act (PREA) Part 1, #1546 Prison Rape Elimination Act (PREA) Part 2, #125 Trauma Responsive Practices.</p> <p>Employee file #3: There is no record of completion for the following: #168 Child Abuse: Recognition, Reporting and Prevention, #1112 Equal Employment Opportunity, #316 Human Trafficking Intervention for Direct Care Staff, Signs and Symptoms of Mental Health and Substance Abuse and Adolescent Development/ Positive Youth Development/ Adolescent Development and Behavior.</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.	Compliance	Three staff were reviewed and all three completed the required NIRVANA Training. One staff was reviewed for Juvenile Justice Information System (JJIS) training and completed the training as required.	
Staff Participating in Case Staffing & CINS Petitions (within first year of employment)			
Documentation of instructor led FL Statute 984 CINS Petition Training by a local DJJ Attorney. <i>Effective for staff hired after 7/1/23</i>	Compliance	Three staff were reviewed and all three completed the FL Statute 984 CINS Petition Training.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	Not Applicable	This portion of the indicator is applicable to shelter staff only.	
In-Service Direct Care Staff			
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).	No eligible items for review	There were no Direct Care Staff at the program eligible for In-Service review.	
Required Training Documentation			
The agency has a training plan that includes all of the required training topics including the pre-service and in-service.	Compliance	The program has a training plan which includes all the required training topics including the pre-service and in-service training.	
The agency has a designated staff member responsible to manage all employee's individual training files and completes routine tracking and reviews of staff files to ensure compliance.	Compliance	The Program Supervisor is responsible to manage all employee's individual training files effective October 2023.	

<p>The program maintains an individual training file or employee file AND a FLN Training Log (or similar document that includes all requirements) 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>The program maintains an individual training file and a FLN Training Log 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>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.05 - Analyzing and Reporting Information</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</p>	<p>YES If NO, explain here: The agency has a policy, CHS 7105 Reporting and Analyzing Data/ Information, last updated 02/17/2024 by the Director of Out of Home Programs.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i></p>			
<p>Staff Position(s) Interviewed (No Staff Names): Program Supervisor Type of Documentation(s) Reviewed: Board Meeting Minutes, Quality Management reports Describe any Observations:</p>			
<p>Case record review reports demonstrate reviews are conducted quarterly, at a minimum</p>	<p>Compliance</p>	<p>The program conducts monthly prevention services team meetings. A review of the meeting minutes demonstrate case record reviews are being conducted.</p>	
<p>The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum</p>	<p>Compliance</p>	<p>A reviews of incidents, accidents, and grievances are conducted at the program's monthly prevention services team meetings.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>	<p>Compliance</p>	<p>The program conducts client satisfaction surveys and discusses them at the monthly prevention services team meetings.</p>	
<p>The program demonstrates a monthly review of the statewide End-of-Month ("EOM") report generated by the Florida Network Office. This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, follow-up reporting measures.</p>	<p>Compliance</p>	<p>The program conducts data analysis and review and discusses strengths and weaknesses each month. The program demonstrates a monthly review of the statewide End-of-Month ("EOM") report generated by the Florida Network Office, including monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, follow-up reporting measures.</p>	
<p>The program has a process in place to review and improve accuracy of data entry & collection</p>	<p>Compliance</p>	<p>The program has a process in place to review and improve accuracy of data entry & collection.</p>	

<p>There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.</p>	<p>Compliance</p>	<p>Prevention services team monthly meeting minutes indicates that findings are regularly reviewed by management and communicated to staff and stakeholders in the monthly leadership QM reports.</p>	
<p>There is evidence the program demonstrates that program performance is routinely reviewed with the Board of Directors. All final reports that include a Limited or Failed score is submitted electronically or by mail to the providers Executive Committee on the Board of Directors.</p>	<p>Compliance</p>	<p>Interview with the program supervisor indicated that program performance is routinely reviewed with the Board of Directors at the quarterly statewide board meetings. All reports are submitted to the leadership team and the Board of Directors.</p>	
<p>There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.</p>	<p>Compliance</p>	<p>A review of the prevention services team meetings indicate there is discussion of identified strengths and weaknesses; improvements are implemented or modified, and staff are informed and involved throughout the process.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.06: Client Transportation</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency has a policy, 1.06 Client Transportation, last updated 02/17/2024 by the Director of Out of Home Services.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</p>			
<p>Dates or Timeframe Reviewed: No eligible items to review Staff Position(s) Interviewed (No Staff Names): Program Supervisor, Counselor Type of Documentation(s) Reviewed: Policy Describe any Observations: The Osceola program does not provide transportation.</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 has a policy that states approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle.</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>Interview with the Approved agency drivers are documented as having a valid Florida driver's license prior to hire by the talent team. All drivers are covered under company insurance policy.</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 3 rd party is NOT present in the vehicle while transporting	Compliance	The agency's transportation policy prohibits 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.	
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	Compliance	The agency's policy states, 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.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Compliance	The agency's policy states, the 3 rd party is an approved volunteer, intern, agency staff, or other youth.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	No eligible items for review	The community counseling program does not provide transportation.	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	No eligible items for review	The community counseling program does not provide transportation.	
Additional Comments: There are no additional comments for this indicator.			
1.07 - Outreach Services			Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 1.07	YES		
	If NO, explain here:		
	The agency has a policy, CHS 7107 Outreach and Interagency agreements, last updated 02/17/2024 by the Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Staff Position(s) Interviewed (No Staff Names): Program Supervisor and Counselors			
Type of Documentation(s) Reviewed: Meeting Agenda, Misc. Meeting Minutes and Outreach event flyers			
Describe any Observations:			
The program has a lead staff member designated to participate in local DJJ board, Circuit and Council meetings with evidence that includes minutes of the event or other verification of staff participation.	Compliance	The program supervisor participates in local DJJ board, Circuit and Council meetings and provided evidence with sign-in sheets, meeting minutes, agendas and screen shots of virtual meetings attended.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	Exception	The program maintains working relationships with several community partners and schools. Program services take place on the school campuses.	There were no written agreements with a comprehensive referral process, provided for review.

The program will maintain documentation of outreach activities and enter into NetMIS the title, date, duration (hours), zip code, location description, estimated number of people reached, modality, target audience and topic.	Exception	Four of six outreach activities reviewed had evidence of documentation of the outreach activities, was enter into NetMIS the title, date, duration (hours), zip code, location description, estimated number of people reached, modality, target audience and topic.	Two of six outreach activities reviewed did not have evidence of the outreach activity but was entered into NetMIS.
The program has designated staff that conducts outreach which is defined in their job description.	Compliance	It is a part of the job description for the counselors and program supervisor to participate and conduct the outreach activities including circuit board meetings.	
Additional Comments: There are no additional comments for this indicator.			
2.01 - Screening and Intake			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.01	YES		
	If NO, explain here:		
	Agency policy number: CHS/7201 Effective date: 07/01/11 Last updated: 2/17/2024 Approved by Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
<p>Total number of Open (Residential & Community) Files: One Open Community Counseling client file reviewed.</p> <p>Total number of Closed (Residential & Community) Files: Five Closed client files reviewed.</p> <p>Staff Position(s) Interviewed (No Staff Names): 2 Counselors</p> <p>Type of Documentation(s) Reviewed: Electronic client files.</p> <p>Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being accessible during the onsite program review.</p>			
Shelter youth: Eligibility screening form is completed immediately for all shelter placement inquiries.	Not Applicable	The agency has a contract with the FNYFS to provide Community Counseling services.	
Community counseling: Eligibility screening form is completed within 3 business days of referral by a trained staff using the Florida Network screening form.	Compliance	A total of six Community Counseling client files were available for review to assess the agency's adherence to this indicator. All six client files have evidence of screenings being completed.	
There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.	Compliance	A review of all six client files contained evidence of screenings being completed within 72 hours or less from the date of referral.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	Compliance	All six client files contained documented evidence of files containing parent/care-giver signatures confirming receipt of services options and rights and responsibilities.	

<p>The following is also available to the youth and parents/guardians: a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) b. Grievance procedures</p>	<p>Compliance</p>	<p>All six client files contained documented evidence of files containing parent/care-giver/ guardians have signatures confirming receipt of additional CINS/FINS services such as case staffing committee, CINS petitions and CINS adjudication and Grievances.</p>	
<p>During intake, all youth were screened for suicidality and correctly assessed as required if needed.</p>	<p>Compliance</p>	<p>All six Community Counseling client files contained documented evidence of each file being properly screened for suicide risk during the Intake process.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.02 - Needs Assessment</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</p>	<p>YES If NO, explain here: Agency policy number: CHS/7202 Effective date: 07/01/11 Last updated: 2/17/2024 Approved by: Director of Out of Home Programs.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</p>			
<p>Total number of Open (Residential & Community) Files: One Open Community Counseling client file reviewed. Total number of Closed (Residential & Community) Files: Five Closed client files reviewed. Staff Position(s) Interviewed (No Staff Names): 2 Counselors Type of Documentation(s) Reviewed: Electronic client files. Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being accessible during the onsite program review.</p>			
<p>Shelter Youth: NIRVANA is initiated within 72 hours of admission</p>	<p>Not Applicable</p>	<p>The agency only has a contract with the FNYFS to provide Community Counseling services. All services are non-residential.</p>	
<p>Non-Residential youth: NIRVANA is initiated at intake and completed within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old</p>	<p>Compliance</p>	<p>A total of six Community Counseling client files were available for review to assess the agency's adherence to this indicator. All six client files have evidence of NIRVANA assessments and completed within the required timeframe.</p>	
<p>Supervisor signatures is documented for all completed NIRVANA assessments and/or the chronological note and/or interview guide that is located in the youths' file.</p>	<p>Compliance</p>	<p>All six Community Counseling client files contained documented evidence of the supervisor's review and signature on all completed NIRVANA assessments.</p>	
<p>(Shelter Only) NIRVANA Self-Assessment (NSR) is completed within 24 hours of youth being admitted into shelter. If unable to complete, there must be documentation in NetMIS and the youth's file explaining the barriers to completion.</p>	<p>Not Applicable</p>	<p>The agency is a Community Counseling service provider and is not contracted to provide shelter services.</p>	
<p>A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.</p>	<p>Compliance</p>	<p>A total of four Community Counseling client files of the six are applicable for this indicator. The four client files have evidence of a NIRVANA post-assessment which is completed at discharge for each client with service beyond 30 days.</p>	

A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	No eligible items for review	None of the six client files reviewed contained a client file which required NIRVANA Re-Assessment after 90 days of service.	
All files include the interview guide and/or printed NIRVANA.	Compliance	All six Community Counseling client files contained documented evidence of interview guides and or copy of a completed NIRVANA assessments.	
Additional Comments: There are no additional comments for this indicator.			
2.03 - Case/Service Plan			Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 2.03	YES		
	If NO, explain here:		
	Agency policy number: CHS/7203 Effective date: 07/01/11 Last updated: 2/17/2024 Approved by: Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open (Residential & Community) Files: One Open Community Counseling client file reviewed.. Total number of Closed (Residential & Community) Files: Five Closed client files reviewed. Staff Position(s) Interviewed (No Staff Names): 2 Counselors Type of Documentation(s) Reviewed: Electronic client files. Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being accessible during the onsite program review.			
The case/service plan is developed on a local provider-approved form or through NETMIS and is based on information gathered during the initial screening, intake, and NIRVANA.	Compliance	All six Community Counseling client files contained documented evidence of each Service Plan being developed with client information obtained from screening, intake and the completed NIRVANA assessment.	
Case/Service plan is developed within 7 working days of NIRVANA	Compliance	All six Community Counseling client files contained documented evidence of each Service Plan being developed within seven days or less of NIRVANA.	
Case plan/service plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and actual completion date(s) 5. Signature of youth, parent/guardian, counselor, and supervisor 6. Date the plan was initiated	Exception	A total of six client files were reviewed for this measure. All client file Service Plans contained Service Plans which include goals, objectives with information obtained the screening , intake and assessment processes. All service plans reviewed contain target and completion dates. All six client files have documented evidence indicating the date the plan was initiated.	Five of six client files were reviewed, did not contain the signatures of youth, parent/guardian, counselor or supervisor.
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	Five of six Community Counseling client files contained documented evidence of each Service Plan being reviewed a minimum of every 30 days during services delivery with the client and parent/guardian or caregiver. One file reviewed, was not due for the 30 day plan review	
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:		
	Agency policy number: CHS/7204 Effective date: 07/01/11 Last updated on 2/17/2024 and was approved by the Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of Open (Residential & Community) Files: Open and closed Community Counseling client files reviewed. Total number of Closed (Residential & Community) Files: Five Closed client file reviewed. Staff Position(s) Interviewed (No Staff Names): 2 Counselors and Manager. Type of Documentation(s) Reviewed: Electronic client files. Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being available for a period of time during the onsite program review.			
Counselor/Case Manager is assigned	Compliance	The agency has a process for clients being referred to the agency. Once clients are deemed eligible during screening and intake process, the clients are assigned a designated Counselor by the 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. Monitoring progress of court ordered youth in shelter 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 post discharge 12. Provides follow-up after 60 days post discharge	Compliance	Six youth files reviewed contained evidence that 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. Monitoring progress of court ordered youth in shelter 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 post discharge 12. Provides follow-up after 60 days post discharge	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	Compliance	The agency has established agreements with other agencies in the local community. These entities include local mental health receiving facilities for youth that require additional mental health services not provided by CHS.	
Additional Comments: There are no additional comments for this indicator.			

2.05 - Counseling Services		Satisfactory with Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 2.05	YES		
	If NO, explain here:		
	Agency policy number: CHS/7205 Effective date: 07/01/11 Last updated on 2/17/2024 and was approved by the Director of Out of Home Programs.		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i></p>			
<p>Total number of Open (Residential & Community) Files: Open and closed Community Counseling client files reviewed. Total number of Closed (Residential & Community) Files: Five Closed client file reviewed. Staff Position(s) Interviewed (No Staff Names): 2 Counselors and Manager. Type of Documentation(s) Reviewed: Electronic client files. Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being available for a period of time during the onsite program review.</p>			
Shelter Program			
Shelter programs provides individual and family counseling	Not Applicable	This agency is only contracted to provide Community Counseling services.	
Group counseling sessions held a minimum of five days per week	Not Applicable	This agency is only contracted to provide Community Counseling services.	
Groups are conducted by staff, youth, or guests and group counseling sessions consist of : 1. A clear leader or facilitator 2. Relevant topic - educational/informational or developmental 3. Opportunity for youth to participate 4. 30 minutes or longer	Not Applicable	This agency is only contracted to provide Community Counseling services.	
Documentation of groups must include date and time, a list of participants, length of time, and topic.	Not Applicable	This agency is only contracted to provide Community Counseling services.	
Community Counseling			
Community counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, the local provider's counseling office or virtually if written documentation is provided in the youth's file for reasons why it is in the best interest of the youth and family.	Exception	All services are provided in community locations and on school campuses.	Four of five youth files reviewed showed evidence of the intake being conducted by virtual means with no documentation provided in the files for the reasons why it is in the best interest of the youth and family.

Counseling Services			
There is evidence the program completes review of all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up.	Exception	Three of five files reviewed contained evidence the program completes reviews of all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up.	One file did not contain evidence of follow-up and one file did not contain evidence of a case/ service plan review.
Maintain individual case files on all youth and adhere to all laws regarding confidentiality.	Compliance	Five of five individual case files reviewed on all youth adhere to all laws regarding confidentiality.	
Case notes maintained for all counseling services provided and documents youth's progress.	Compliance	Case notes were maintained for all counseling services in five of five youth files reviewed. All case notes reflected the youth's progress or lack thereof.	
On-going internal process that ensures clinical reviews of case records and staff performance.	Compliance	Evidence of on-going internal process that ensures clinical reviews of case records and staff performance was present for all case files reviewed.	
When an intake is conducted through virtual means, consent is confirmed by the counselor, documented in the file, and reviewed with the supervisor during supervision/case review. There is written documentation provided in the youths file for reasons why virtual sessions are in the best interest of the youth and family.	Exception	The agency primarily provides services to clients and their families in person. In some instances, when the family has requested due to hardship such as challenges with transportation or conflicts with work schedules the family has requested to receive services via a virtual format. The agency does have a case indicating services were provided via a virtual format other than in person service delivery.	Client files lack evidence of explanation or justify virtual service delivery format with youth and family. No formal consent form or document located for consent to conduct cases virtually. However, cases document Counselor stating parent preference for counseling services to be delivered virtually.
Additional Comments: There are no additional comments for this indicator.			
2.06 - Adjudication/Petition Process			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.06	YES		
	If NO, explain here:		
	Agency policy number: CHS/7206 Effective date: 07/01/11 Last updated on 2/17/2024 and was approved by the Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of Open (Residential & Community) Files: No eligible cases for review. Total number of Closed (Residential & Community) Files: Staff Position(s) Interviewed (No Staff Names): Program Supervisor Type of Documentation(s) Reviewed: Describe any Observations: None.			
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	Compliance	At the time of this onsite QI program review, the agency has no examples of youth that have been adjudicated or on petition status. The agency is familiar with the CINS/FINS process and can access both the DJJ attorney or school representative.	

Other members may include: a. State Attorney's Office b. Others requested by youth/ family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative	Compliance	The agency has existing relationships with all required parties based in the community to assist them with the adjudication and or petition process.	
The program has an established case staffing committee, and has regular communication with committee members	Compliance	The program has an established case staffing committee, and has regular communication with committee members.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	Compliance	The program has an internal procedure for the case staffing process, including a schedule for committee meetings.	
The youth and family are provided a new or revised plan for services	No eligible items for review	There are no current youth that have been adjudicated or are on the CINS petition.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	No eligible items for review	There are no current youth that have been adjudicated or are on the CINS petition.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	No eligible items for review	There are no current youth that have been adjudicated or are on the CINS petition.	
Case Manager/Counselor completes a review summary prior to the court hearing	No eligible items for review	There are no current youth that have been adjudicated or are on the CINS petition.	
Additional Comments: There are no additional comments for this indicator.			
2.07 - Youth Records			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.07	YES		
	If NO, explain here:		
	The agency has a policy, CHS 7207 Youth Records and Case Management Services, last updated 02/17/2024.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Staff Position(s) Interviewed (No Staff Names): Program Supervisor Describe any Observations: All records are maintained on the agency's secure electronic server in the Client Information System (CIS) called Casetrack .			
All records are clearly marked 'confidential'.	No eligible items for review	All records are maintained on the agency's secure electronic server. There are no physical records kept.	

All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	No eligible items for review	The agency does not keep physical records. Employees have access to the agency server on their laptops and access records with secure login and passwords.	
When in transport, all records are locked in an opaque container marked "confidential"	Not Applicable	Agency issued laptops are used to access, store and transport records electronically.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	Compliance	All records are maintained in a neat and orderly electronic platform.	
Additional Comments: There are no additional comments for this indicator.			
2.08 - Specialized Additional Program Services			Not Applicable
Provider has a written policy and procedure that meets the requirement for Indicator 2.08	YES		
	If NO, explain here:		
	The agency has a policy, CHS 7211 Specialized Additional Program Services, last updated 02/17/2024 by the Director of Out Home Services.		
Intensive Case Management (ICM)			
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open Files: Zero Total number of Closed Files: Zero Staff Position(s) Interviewed (No Staff Names): Program Supervisor			
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	
Youth receiving services were deemed chronically truant and/or runaway and require more intensive and lengthy services. The youth was determined to be eligible because they have gone through petition and/or case staffing and was in need of case management services.	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	
Services for youth and family include: a. Two (2) direct contacts per month b. Two (2) collateral contacts per week c. Direct and collateral contacts not obtained must have documentation to support attempts made to obtain them. All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	

Assessments include a. NIRVANA at intake b. NIRVANA Re-Assessment every 90 days c. Post NIRVANA at discharge as aligned with timeframe requirements	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	
Service/case plan demonstrates a strength-based, trauma-informed focus	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	
For any virtual services provided, there is written documentation in the youths' file as to why virtual contact is in the best interest of the youth and family	No eligible items for review	The agency has not had any intensive case management cases in the last six months or since the last QI review was conducted.	
Family and Youth Respite Aftercare Services (FYRAC)			
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open Files: Zero Total number of Closed Files: Zero Staff Position(s) Interviewed (No Staff Names): Program Supervisor			
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating.	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
Intake and initial assessment sessions meets the following criteria: a. Services shall be documented through the signature of the youth and his/her parent/guardian as well as orientation to the program which is kept in the youths file. b. The initial assessment shall be face-to-face, in person or through virtual means, to include a gathering of all family history and demographic information, as well as the development of the service plan. c. For youth on probation, a copy of the youths Community Assessment Tool (CAT) to assist with development of the family service plan.	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	

<p>Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Services are highly supportive, individualized, and flexible and require a "whole family" approach to dealing with the problems affecting the youth and family.</p>	<p>No eligible items for review</p>	<p>The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.</p>	
<p>Individual Sessions: a. The program conducted sessions with the youth and family to focus on work to engage the parties and identify strengths and needs of each member that help to improve family functioning. b. Issues to be covered through each session include but are not limited to: Identifying emotional triggers; body cues; healthy coping strategies through individual, group and family counseling; understanding the cycle of violence and the physical and emotional symptoms of anger; developing safety plans; and educating families on the legal process and rights.</p>	<p>No eligible items for review</p>	<p>The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.</p>	
<p>Group Sessions: a. Focus on the same issues as individual/family sessions with application to youth pulling on similar experiences with other group members with the overall goal of strengthening relationships and prevention of domestic violence. b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session</p>	<p>No eligible items for review</p>	<p>The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.</p>	
<p>There is evidence of completed 30 and/or 60 day follow-ups and is documented in NetMIS following case discharge.</p>	<p>No eligible items for review</p>	<p>The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.</p>	

February 28, 2024

Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
Any service that is offered virtually, is documented in the youth's file why it was in the youth and families best interest.	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
All data entry in NetMIS is completed within 3 business days as required.	No eligible items for review	The agency has not had any Family and Youth Respite Aftercare (FYRAC) cases in the last six months or since the last QI review was conducted.	
Additional Comments: There are no additional comments for this indicator.			
2.09- Stop Now and Plan (SNAP)			Not Applicable
Provider has a written policy and procedure that meets the requirement for Indicator 2.09	N/A		
	If NO, explain here:		
	The agency is not a SNAP provider.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
N/A			
SNAP Clinical Groups Under 12			
Youth are screened to determine eligibility of services.	Not Applicable	The agency is not a SNAP provider.	
The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed Child Behavior Checklist (CBCL) by the caregiver (pre and post) and is located within the file.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed Teacher Report Form (TRF) is completed by the teacher (pre and post) and is located within the file.	Not Applicable	The agency is not a SNAP provider.	
SNAP Clinical Groups Under 12 - Discharge			
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	Not Applicable	The agency is not a SNAP provider.	
SNAP Clinical Groups for Youth 12-17			
Youth are screened to determine eligibility of services.	Not Applicable	The agency is not a SNAP provider.	
The Consent to Treatment and Participation in Research Form is completed and located within the file.	Not Applicable	The agency is not a SNAP provider.	

The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed 'How I Think Questionnaire' (HIT) form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed Social Skills Improvement System (SSIS) Student form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the completed Social Skills Improvement System (SSIS) Teacher/Adult form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The agency is not a SNAP provider.	
SNAP for Schools & Communities			
The program demonstrated all of the required weekly attendance sheets that included youth names and/or identifying numbers completed with the teacher and trained SNAP Facilitator signatures. (<i>This must include a total of 13 attendance sheets for a full cycle</i>)	Not Applicable	The agency is not a SNAP provider.	
The program maintained evidence of a completed "Class Goal" Document for the class reviewed.	Not Applicable	The agency is not a SNAP provider.	
The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	Not Applicable	The agency is not a SNAP provider.	
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	Not Applicable	The agency is not a SNAP provider.	
There is evidence of the fidelity adherence checklist maintained in the file for each class reviewed.	Not Applicable	The agency is not a SNAP provider.	
Additional Comments: There are no additional comments for this indicator.			
4.02 - Suicide Prevention			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here:		
	The agency has a policy, CHS7407 Identification of Suicide Risk in Community Counseling Programs, last updated 02/17/2024 by the Director of Out of Home Programs.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			

<p>Total number of Open (Residential & Community) Files: One Open Community Counseling client file reviewed. Total number of Closed (Residential & Community) Files: Five Closed client files reviewed. Staff Position(s) Interviewed (No Staff Names): Two Counselors and Program Supervisor Type of Documentation(s) Reviewed: Electronic client files. Describe any Observations: See report. A total of six Community Counseling client files were available for review due to electronic file system not being available for a period of time during the onsite program review.</p>		
<p>Suicide Risk Screening and Approval (Residential and Community Counseling)</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>All six youth files reviewed contained evidence of the suicide risk screening occurred during the initial intake and screening process. Suicide screening results are reviewed and signed by the supervisor and documented in the youth's case file.</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 program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services.</p>
<p>Supervision of Youth with Suicide Risk (Shelter Only)</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>This agency is provides community counseling services only.</p>
<p>Staff person assigned to monitor youth maintained one-to-one supervision or constant supervision and documented his/her observations of the youth's behavior at 30 minute or less intervals</p>	<p>Not Applicable</p>	<p>This agency is provides community counseling services only.</p>
<p>Documentation includes the time of day, behavioral observations, any warning signs observed, and the observers' initials and was maintained in either an observation log or in the shelter daily log.</p>	<p>Not Applicable</p>	<p>This agency is provides community counseling services only.</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>This agency is provides community counseling services only.</p>
<p>There was evidence that documentation was reviewed by supervisory staff each shift. If program uses an observation log, completed logs are maintained in the youth's file.</p>	<p>Not Applicable</p>	<p>This agency is provides community counseling services only.</p>
<p>Youth with Suicide Risk (Community Counseling Only)</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>There were no youth identified for suicide risk in the sample files reviewed. The program had no youth identified for suicide risk in the past six months or since the date of the last QI review.</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>There were no youth identified for suicide risk in the sample files reviewed.</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>There was no indication of further assessment necessary in any of the screenings reviewed, therefore documentation of resources provided to the parent/guardian was not applicable.</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>There was no indication of further assessment necessary in any of the screenings reviewed, therefore parent/guardian contact was not applicable.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>Compliance</p>	<p>All screenings reviewed were completed during school hours on school property and the appropriate school authorities are notified.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			