Florida Network for Youth and Family Services
Compliance Monitoring Report for

PREVENTION CENTRAL

1100 W Sunrise Boulevard
Fort Lauderdale, FL 33311

September 25, 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 Prevention Central for FY 2024-2025 at its program office located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Prevention Central 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 1, 2024 through June 30, 2025.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC, and Peer Reviewers Troy McGee, Department of Juvenile Justice, Acasha Pressley (in training), Department of Juvenile Justice, and Krizia Santana, Center for Family and Child Enrichment. Agency representatives from Prevention Central present for the entrance interview were: Tierra Smith, Executive Director; Kwankila Corbin, Director of Operations; Ivonne Medrano, Lead for CINS/FINS; Latoya Robinson, FYRAC Director; and Jandra Alexander, SNAP Coordinator. The last onsite QI visit was conducted on March 22, 2024.

In general, the Reviewer found that Prevention Central is in compliance with specific contract requirements. **Prevention Central received an overall compliance rating of 100% for achieving full compliance with 11 indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions cited or recommendations made as a result of the monitoring visit.

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

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-25-2024-2025

Agency Name: Prevention Central	Monitor Name: Marcia Tavares, Lead Reviewer
Contract Type: CINS/FINS	Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): September 25, 2024

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Acceptable	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.	☐	☐	☒	☐	☐	I: The provider currently has three certified QI Peer Reviewers: Tierra Smith, Ivonne Medrano, and Latoya Robinson. Both Ivonne and LaToya are scheduled to participate in a QI Peer Review during the current FY.	No recommendations and/ or corrective actions required.
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**	☐	☐	☒	☐	☐	D: The agency maintains a list of funders that includes one additional contract other than the Florida Network for FY 2024-2025. The list includes the contract name, funder, amount funded, service provided, and contract term dates. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All agreements reviewed during the QI visit had current contract/agreement dates.	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-25-2024-2025

Agency Name: Prevention Central	**Monitor Name: Marcia Tavares, Lead Reviewer**
Contract Type: CINS/FINS	**Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311**
Service Description: Comprehensive Onsite Compliance Monitoring	**Site Visit Date(s): September 25, 2024**

Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Acceptable	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:
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of $100,000 per accident, $100,000 per person and $500,000 policy aggregate. Commercial General Liability with a limit of $500,000 per occurrence, and $1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of $250,000 per person; with a minimum limit for bodily injury of $500,000 per accident; with a minimum limit for property damage of $100,000 per accident and with a minimum limit for medical payments or $5,000-$10,000 per person. Florida Network is listed as payee or co-payee. **PTV**	☐	☐	☒	☐	☐	D: Prevention Central provided a certificate of liability insurance that included: Commercial Liability Insurance with Accelerant Specialty Insurance Company with a limit of $1,000,000 per occurrence (exceeds minimum), and $2,000,000 policy aggregate (exceeds minimum), effective 3/14/2024-3/14/2025. Automobile Liability Insurance through Ascendant Underwriters Company with bodily injury limits of $100,000 per person, $300,000 per accident, and $100,000 property damage, effective 12/14/2023-12/14/2024. These limits are not equivalent to the requirement of $250,000/$500,000; however, per the agency's policy, CINS/FINS contract staff do not transport youth. Workers Compensation Insurance through Ascendant Commercial Insurance Company Inc. with a	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-25-2024-2025

Agency Name: Prevention Central						Monitor Name: Marcia Tavares, Lead Reviewer	
Contract Type: CINS/FINS						Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311	
Service Description: Comprehensive Onsite Compliance Monitoring						Site Visit Date(s): September 25, 2024	
	Explain Rating						
Major Programmatic Requirements	**Unacceptable**	**Conditionally Acceptable**	**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:**
						$100,000 limit per accident /per employee and $500,000 policy limit, and $100,000 each employee by disease, effective 1/29/2024-1/29/2025. The Florida Network is listed on the Certificate of Liability Insurance as certificate holder.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). **ON SITE**	☐	☐	☐	☐	☒	I: During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	No recommendations and/ or corrective actions required.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. **PTV**	☐	☐	☒	☐	☐	D: The agency maintains accounting policies and procedures in place for FY 2024-2025, revised July 2024. The manual includes procedures for Chart accounts and general ledger, cash receipts, inter-account bank transfers, cash disbursements and expense allocations, credit card policy and charges, accruals, bank account reconciliations, property and	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Acceptable	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:
						equipment, personnel records, payroll processing, end of month and FY end close, financial reports, and fiscal policy statements. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls.	
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**	☐	☐	☒	☐	☐	D: The General Ledger for the CINS/FINS program for FY 2024-2025, was provided. The general ledger (GL) is structured to track all funding sources and there is a separate GL for the CINS/FINS program which uses a chart of accounts that includes the type of transaction, date, Invoice #, Payee, description, debit/credit amount, and balance. Specific expenditures related to the CINS/FINS program were reviewed on the GL and were found to be consistent with standard program expenditures.	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-25-2024-2025

Agency Name: Prevention Central	**Monitor Name: Marcia Tavares, Lead Reviewer**
Contract Type: CINS/FINS	**Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311**
Service Description: Comprehensive Onsite Compliance Monitoring	**Site Visit Date(s): September 25, 2024**

Major Programmatic Requirements	**Explain Rating**					**Ratings Based Upon:** **I = Interview** **O = Observation** **D = Documentation** **PTV = Submitted Prior To Visit** **(List Who and What)**	**Notes** **Explain Unacceptable or Conditionally Acceptable:**
	Unacceptable	**Conditionally Acceptable**	**Fully Met**	**Exceeded**	**Not Applicable**		
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**	☐	☐	☐	☐	☒	I: Prevention Central CINS/FINS program does not use Petty cash.	No recommendations and/ or corrective actions required.
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 and documentation provided contained 2 signatures. (Disbursements/invoices are approved & monitored by management). **ON SITE**	☐	☐	☒	☐	☐	D: Prevention Central provided reconciliations reports for the period March-August 2024. All reconciliation reports reviewed showed reconciliation dates within three weeks of receipt of the bank statements. The provider completes a Reconciliation Report for each month listing the statement period ending dates, dates reconciled, beginning balance, cleared balance, register balance, and ending balance. The printed copies include the names and signatures of the CPA and Executive Director completing and approving the reconciliations.	No recommendations and/ or corrective actions required.
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	☐	☐	☐	☐	☒	I: Per statement provided by the Executive Director, the program has not purchased any FN inventory or	No recommendations and/ or corrective actions required.

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equipment an Informational Resources Request (IRR) has been submitted to DJJ. **PTV/ON SITE**						item amounting to more than $1000 since the last QI visit.	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), Employee IRS Form W-2 and Independent Contractors IRS Form 1099 forms prior to federal requirements. **ON SITE**	☐	☐	☒	☐	☐	D and I: The agency provided bi-weekly copies of payroll reports for July 1 – September 14, 2024, generated by Insperity, the company that is contracted to provide payroll services. Monthly payroll liability reports were also submitted by the prior payroll contractor, ADP, for January-June. These payroll reports document the amount of federal and state income tax withheld and contributed by the agency for the corresponding pay periods. The agency has an agreement with the IRS for the delinquent payroll taxes from (2012-2015) to expedite the payoff. Monthly payments are paid automatically and were verified from payment confirmations for the past six months. As of Fall 2021, Prevention Central is contracted with CBK Pros,	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-25-2024-2025

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Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Acceptable	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:
						LLC accounting firm to provide fiscal oversight. Per CBK Pros, there are no current tax delinquencies.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. **PTV/ON SITE**	☐	☐	☒	☐	☐	D: Agency provided budget to actual year-to-date reports for FY 2024-2025. The report shows actual year-to-date expenditures, budgeted amounts, and variance. Variances in budget are monitored on a regular basis and are discussed with the Board.	No recommendations and/ or corrective actions required.
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**	☐	☐	☒	☐	☐	D: Financial audit conducted for year ending June 30, 2023 was completed by BAS Partners LLC, Certified Public Accountant, per audit letter dated January 30, 2024. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor.	No recommendations and/ or corrective actions required.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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Major Programmatic Requirements	Explain Rating: Unacceptable	Conditionally Acceptable	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. 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**	☐	☐	☒	☐	☐	D: Review of the agency's Record Retention and Loss Prevention policies and procedures that address secure and confidential storage, retention timeframe, and access to records. The policy is applicable to youth, personnel, and financial records. Agency maintains quarterly back-up of files which is kept in a safe. Cloud storage is used for daily back up of files.	No recommendations and/ or corrective actions required.
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**	☐	☐	☒	☐	☐	D: The provider submitted payroll information for each direct care staff with salary information to support each staff has a minimum hourly salary of at least $19/hour.	No recommendations and/ or corrective actions required.

CONCLUSION

Prevention Central 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 1) the provider does not have any corrective actions with any external funder; 2) no new inventory was purchased with Florida Network funds in the past year; and 3) the CINS/FINS program does not use petty cash. Consequently, **the overall compliance rate for this contract monitoring visit is 100%.** There are no corrective actions cited or recommendation made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard described in the report findings.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.

Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Prevention Central - Fort Lauderdale
CINS/FINS Program

September 25, 2024

Compliance Monitoring Services Provided by

FOREFRONT

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	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

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

Standard 2: Intervention and Case Management

2.01 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	Satisfactory
2.09 Stop Now and Plan (SNAP)	Satisfactory

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

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	Satisfactory

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

Overall Rating Summary
Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewers

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Troy McGee – Regional Monitor, Department of Juvenile Justice
Krizia Santana – Center for Family and Child Enrichment

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

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

Documents Reviewed

	Accreditation Reports	X	Table of Organization		Visitation Logs
X	Affidavit of Good Moral Character		Fire Prevention Plan	X	Youth Handbook
	CCC Reports	X	Grievance Process/Records		# Health Records
	Logbooks		Key Control Log		# MH/SA Records
	Continuity of Operation Plan		Fire Drill Log	0	# Personnel /Volunteer Records
X	Contract Monitoring Reports		Medical and Mental Health Alerts	8	# Training Records
	Contract Scope of Services		Precautionary Observation Logs	12	# Youth Records (Closed)
X	Egress Plans		Program Schedules	7	# Youth Records (Open)
X	Fire Inspection Report	X	List of Supplemental Contracts		# Other: ___
	Exposure Control Plan		Vehicle Inspection Reports		

Observations During Review

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

Surveys

0	# of Youth	1	# of Direct Staff		# of Other	

Comments

A Quality Improvement Program Review was conducted for FY 2024-2025.

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.

Narrative Summary

Prevention Central, formerly Mount Bethel Human Services Corporation (MBHSC), is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to provide non-residential services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program in Broward County. The program is located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP U12, SNAP Clinical Group (ages 12-17), and SNAP in School programs.

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**.
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 **Satisfactory**.
Indicator 1.05 Analyzing and Reporting Information was rated **Satisfactory.**
Indicator 1.06 Client Transportation was rated **Not Applicable.**
Indicator 1.07 Outreach Services was rated **Satisfactory.**

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.**
Indicator 2.04 Case Management and Service Delivery was rated **Satisfactory**.
Indicator 2.05 Counseling Services was rated **Satisfactory**.
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 **Satisfactory**.
Indicator 2.09 Stop Now and Plan (SNAP) was rated **Satisfactory**.

Standard 4: There is one applicable Indicator for Standard 4.
Indicator 4.02 Suicide Prevention was rated **Satisfactory.**

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):
None of the indicators reviewed received a Limited or Failed rating.

CINS/FINS QUALITY IMPROVEMENT TOOL

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**
Provider has a written policy and procedure that meets the requirement for Indicator 1.01		**YES** If NO, explain here: The provider has the required policy and procedure, PC1.01 - Background Screening of Employees/Volunteers, that was reviewed by the Executive Director (ED) on August 1, 2024.	
All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.	**No eligible items for review**	The provider uses the HR Avatar pre-employment suitability assessment with an established passing score of greater than 70. Per the agency's staff roster and organization chart, no new staff were hired for the CINS/FINS program for the review period.	
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.	**No eligible items for review**		
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.	**No eligible items for review**		
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. *(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.)*	**No eligible items for review**	In addition to not having any new program staff, the agency does not have any volunteers during the annual review period who meet the criteria for background screening.	
Five-year re-screening is completed every 5 years from the date of the last screening for all applicable employees and volunteers.	**No eligible items for review**	The provider did not have any eligible re-screened staff during the review period	

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	**Compliance**	The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department of Juvenile Justice Background Screening Unit on December 21, 2023 via email prior to the January 31, 2024 deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	**No eligible items for review**		
Additional Comments: **There are no additional comments for this indicator.**			
1.02: Provision of an Abuse Free Environment			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.02		**YES** If NO, explain here: The provider has the required policy and procedures, PC 1.02 Provision of an Abuse Free Environment, that was reviewed by the Executive Director (ED) on August 1, 2024.	
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	**Compliance**	The provider has an Employee/Contractor Code of Conduct reviewed by new employees during hiring process.	
The agency has a process in place for reporting and documenting child abuse hotline calls.	**Compliance**	The policy and procedure outlines the protocol for reporting and documenting abuse hotline calls. If the case manager is aware of any allegation of child abuse, they will notify their supervisor and then will make the call to the abuse hotline. There were no abuse hotline calls reported during the annual review.	
Youth were informed of the Abuse and Contact Number	**Compliance**	Florida Child Abuse Hotline is included in the Client Handbook that is provided during intake and reviewed with the youth and family.	
Grievance			
The program(s) have an accessible and responsive grievance process for youth to provide feedback and address complaints. Program director/ supervisor has access to and can manage grievances unless it is towards themselves.	**Compliance**	During intake youth/family are informed of the program's grievance procedure and sign a form acknowledging receipt of the information. Signed grievance procedure acknowledgement forms were evident in the youth records reviewed.	
<u>Shelter only:</u> Grievances are maintained on file at minimum for 1 year.	**Not Applicable**	Not applicable	

Shelter only: There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.	**Not Applicable**	Not applicable	
Shelter only: There is evidence that grievance boxes are checked by management or a designated supervisor at least daily (excluding weekends and holidays) and documented in the program logbook.	**Not Applicable**	Not applicable	
Shelter only: Grievances are resolved within 72 hours of being submitted or there was documentation explaining the cause for the delay in providing a resolution.	**Not Applicable**	Not applicable	
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: The provider has the required policy and procedure PC1.03 - Incident Reporting, that was reviewed by the Executive Director (ED) on August 1, 2024.	
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 provider has a policy and procedures in place in the event any reportable incidents occur that warrants reporting to CCC. New staff receives training on the reporting procedures during program orientation. A query of DJJ Central Communication Center incident detail confirmed the agency did not have any eligible reportable incidents during the review period.	
The program completes follow-up communication tasks/special instructions as required by the CCC	**No eligible items for review**		
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**		
Incidents are documented in the program logs and on incident reporting forms	**No eligible items for review**		
All incident reports are reviewed and signed by program supervisors/ directors	**No eligible items for review**		

1.04: Training Requirements (*Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions*)			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.04		**YES** If NO, explain here: The provider has the required policy and procedures, PC 1.04 Training requirements, that was reviewed by the Executive Director (ED) on August 1, 2024.	
First Year Direct Care Staff			
All direct care staff have completed a new hire pre-service training provider orientation before they work independently. At a minimum, the orientation included the following: • Agency policies and procedures • Behavior Management (Shelter Only) • Building/Facility layout • File Documentation/development of paperwork requirements and confidentiality • CCC & Incident Reporting • Child Abuse Reporting • Client Intake & Screening • Client Orientation (direct care staff training on delivering new client orientation) • Fire Equipment Safety • Medical and Mental Health Alert System (Shelter) • Risk Management--Including but not limited to the following: - Disaster Preparedness and Emergency Response - First Aid/CPR - Universal Precautions • Video Camera Surveillance & Equipment • All other necessary information to orient a new hire to perform their job role and duties.	**Compliance**	Training records for four staff who are in the first year of employment, were reviewed to assess compliance with pre-service training requirements. Two of the staff were recently hired in August 2024 and were completing new hire training during the QI review prior to working with youth. The remaining two staff completed mandatory pre-service trainings prior to working independently with youth.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	**Compliance**	Four new staff completed the required DOJ Civil Rights & Federal Funds within thirty days of hire.	
All direct care CINS/FINS staff for shelter and community counseling services, including independent contractors (full-time, part-time, and on-call) and interns met the minimum requirement of 80 hours of training for the first full year of employment.	**Compliance**	All four staff are within their first year of hire and two of the four are still within the first 90 days of employment. The two staff who have exceeded 90 days have both completed 90 training hours as of the review date.	

All staff receives all mandatory training during the first 90 days of employment from date of hire.	**Compliance**	Four new staff files were reviewed. Two of the four staff reviewed completed all mandatory training during the first 90 days of employment. The remaining two new staff are still within the first 90 days of employment.	
Non Licensed Staff Assisting with Medication Distribution			
Any staff without a medical license that assists with Medication Distribution received in-person training from a Registered Nurse prior to administering medication to a shelter youth.	**Not Applicable**	Not applicable for community counseling program	
Staff that are Utilizing NETMIS			
Any staff that is utilizing NETMIS has evidence of completing NetMIS Training in their training file.	**Compliance**	Two new staff that utilizes NETMIS had evidence of completing NETMIS Training in their training file.	
Staff Participating in Case Staffing & CINS Petitions (within the first year of employment BUT no later 7/1/24 for previous staff)			
Documentation of instructor-led FL Statute 984 CINS Petition Training by a local DJJ Attorney within 1 year of employment or no later than 7/1/24 if hired before 7/1/23. (*Policy went into effect 7/1/23).*	**No eligible items for review**	None of the four reviewed staff were required to complete petition training as one is the director of operations, two are Stop Now and Plan program staff, and one is a FYRAC staff.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	**Not Applicable**	Not applicable for community counseling program.	
In-Service Direct Care Staff			
In-service staff completes all of the required annual or 2-year mandatory refresher Florida Network, SkillPro, or other job-related trainings within the required timeframe.	**Compliance**	Four in-service training records were reviewed. Each of the four in-service staff completed all mandatory annual training topics and exceeded the annually required 24 hours of training.	

Community Counseling Direct Care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually.	**Compliance**	Training records for all four in-service staff revealed the staff exceeded the 24 hours of training required and had completed between 43 and 125 hours during the annual training year.	
Shelter Program Direct Care staff completes 40 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually *(E.g. the program has a DCF child caring license).*	**Not Applicable**	Not applicable for community counseling program.	
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 for FY 2024-2025 which includes pre-service and in-service training requirements. The training plan is included in each training file.	
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 person in charge and responsible for managing training files is the Executive Director but each staff maintains their individual training record.	
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.	**Compliance**	The program maintains individual training files for each employee. Each of the eight training files reviewed included training certificates to support trainings completed.	
Additional Comments: **There are no additional comments for this indicator.**			
1.05 - Analyzing and Reporting Information			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.05		**NO**	
		If NO, explain here: The provider's policy and procedure PC1.05 is missing specific procedures to describe monthly reconciliation process to ensure data accuracy, quality improvement process in place, and communication of Limited or Failed score to the providers Executive Committee on the Board of Directors.	
		The provider has a policy and procedure PC1.05 Analyzing and Reporting Information that was reviewed by the Executive Director on August 1, 2024.	

Case record review reports demonstrate reviews are conducted quarterly, at a minimum. *(A summary report of case record reviews, identifying compliance with the CINS/FINS requirements, which is reviewed by management and communicated with staff on a quarterly basis at minimum.)*	**Compliance**	Peer record reviews are conducted by the Director of Programs, the CINS/FINS Lead (randomly for new intakes and discharged records), as well as monthly at staff meetings by each staff who participates by bringing two records to be reviewed. A form is used to summarize and capture the record review for each file that is placed in the youth's record. Documentation was provided for a total of 19 records that were reviewed during the period. Peer record review is a standing agenda item on the monthly staff meetings where feedback is provided to staff. The number of records reviewed is documented in the minutes.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	**Compliance**	Incidents, accidents, and grievance data are collected and reviewed monthly at staff meetings by the program staff. Staff meeting agenda items include a review of incidents, accidents, and grievances. Verification of monthly meetings was evidenced by staff meeting agendas, minutes, and staff attendance.	
The program conducts an annual review of customer satisfaction data	**Compliance**	Satisfaction surveys are collected and entered into NetMIS on a regular basis and are reviewed at monthly staff meetings. Staff meeting minutes validate survey results are discussed including the number of surveys reviewed, score rating results, and identification of areas of improvement. A report of 370 surveys concluded 368 participants were satisfied and two were somewhat satisfied with services received.	
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.	**Compliance**	EOM reports are reviewed by the ED and director of programs and also reviewed with management staff at Monday huddle meetings. The EOM report is also a standing staff meeting agenda item to demonstrate discussion of the program's performance with staff and evidence is supported by monthly meeting agendas and minutes for the review period.	
The program has a process in place to review and improve accuracy of data entry & collection	**Compliance**	Program staff are responsible for entering and ensuring NetMIS data entry is accurate. However, the program supervisor ensures communication from the Florida Network is addressed and responded to promptly. Evidence of data communications with the Florida Network was reviewed onsite.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	**Compliance**	As evidenced by meeting agendas and minutes with leadership staff and program staff, there is documentation to support findings are reviewed regularly and communicated effectively.	

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.	**Compliance**	The ED attends the agency's Board of Director's meetings to keep the Board informed of program performance. No reporting of Limited or Failed ratings were applicable as the program received all Satisfactory ratings during the previous QI review.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	**Compliance**	Monthly staff meetings were found to document discussions of QI activities, reports, and areas identified as needing improvements resulting from the analysis of data collected.	
Additional Comments: **There are no additional comments for this indicator.**			
1.06: Client Transportation			**Not Applicable**
Provider has a written policy and procedure that meets the requirement for Indicator 1.06		**YES** If NO, explain here: The provider has a policy and procedure PC1.06 Client Transportation, that was reviewed by the Executive Director on August 1, 2024.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	**Not Applicable**	Per the agency's policy PC1.06, Prevention Central does not provide transportation for clients and transportation by agency staff is strictly prohibited.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	**Not Applicable**		
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3rd party is NOT present in the vehicle while transporting	**Not Applicable**		
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	**Not Applicable**		
The 3rd party is an approved volunteer, intern, agency staff, or other youth	**Not Applicable**		

The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	**Not Applicable**		
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	**Not Applicable**		
Additional Comments: **There are no additional comments for this indicator.**			
1.07 - Outreach Services			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.07		**YES** If NO, explain here: The provider has the required policy and procedures, PC 1.07 Outreach services, that was reviewed by the Executive Director on August 1, 2024.	
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 Executive Director, Lead Case Manager, or Director of Programs are designees who attend local DJJ board meetings. Proof of attendance was provided to the DJJ council meetings held on 3/13/24, 4/14/24, and 8/14/24. Documentation provided indicated the meetings were canceled on 5/8/24, 6/12/24, and 7/12/24.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	**Compliance**	Program maintains memorandum of understanding agreements with several community partners in a binder. All agreements reviewed were current and up-to-date	
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.	**Compliance**	Outreach activities are entered into NetMIS. Activities from the past six months were reviewed and supported the program is actively offering community awareness, information and educational services to youth and families.	
The program has designated staff that conducts outreach which is defined in their job description.	**Compliance**	The Lead case manager and Director of Programs conduct outreach. The program staff also attends and participates in outreach activities.	
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: The provider has the required policy and procedures, PC2.01/Screening & Intake that was reviewed by the Executive Director on August 1, 2024.	
Shelter youth: Eligibility screening form is completed immediately for all shelter placement inquiries.	**Not Applicable**	Prevention Central is not a residential program.	

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 review of three open and six closed records indicated each record contained an eligibility screening form completed within three days of referral by trained staff using the Florida Network form.	
There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.	**Compliance**	All nine records reviewed had evidence that referrals were screened and logged into NETMIS within 72 hours.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	**Compliance**	Each reviewed record confirmed the parent/guardians received written information regarding the available service options, rights and responsibilities of youth and parent/guardians.	
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	**Compliance**	Each reviewed record confirmed the youth and parent/guardian were provided with the possible actions and involvement with CIN/FINS services and the Grievance Procedures.	
During intake, all youth were screened for suicidality and correctly assessed as required if needed.	**Compliance**	All records reviewed indicated all youth were screened for suicidality during intake.	
Additional Comments: **There are no additional comments for this indicator.**			
2.02 - Needs Assessment			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 2.02		**YES** If NO, explain here: The provider has the required policy and procedures, PC2.02/Network Inventory Risk, Victories And Needs Assessment, that was reviewed by the Executive Director on August 1, 2024.	
Shelter Youth: NIRVANA is initiated within 72 hours of admission	**Not Applicable**	Prevention Central is not a residential program.	
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	**Compliance**	A review of three open and six closed records confirmed each youth had a completed NIRVANA at intake.	
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.	**Compliance**	All nine records reviewed contained a completed NIRVANA assessment and interview guide, and each assessment contained the supervisor signatures.	

(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.	**Not Applicable**	Prevention Central is not a residential program.	
A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.	**Compliance**	A review of six closed records reflected a NIRVANA Post-Assessment was completed at discharge for each applicable closed records.	
A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	**No eligible items for review**	None of the files reviewed stayed open more than 90 days.	
All files include the interview guide and/or printed NIRVANA.	**Compliance**	All records reviewed included the interview guide and or printed NIRVANA.	
Additional Comments: **There are no additional comments for this indicator.**			
2.03 - Case/Service Plan			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 2.03		**YES** If NO, explain here: The provider has the required policy and procedures, PC2.03/ Case/Service Plan, that was reviewed by the Executive Director on August 1, 2024.	
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**	A review of three open and six closed records confirmed each service plan was developed on the program's approved form. Additionally, each case plan indicated the required information was gathered during the initial screening, intake and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	**Compliance**	The case plans in all nine records reviewed were observed to have been developed within seven working days of the completion of the NIRVANA assessment.	
Case plan/service plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and actual completion date(s) 5. Signature of youth, parent/guardian, counselor, and supervisor 6. Date the plan was initiated	**Compliance**	All nine records reviewed included individualized goals, service type, frequency, location, person responsible and had all proper target dates and signatures as well as date the plan was initiated.	

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**	Eight of the case plans were reviewed for progress/revised by the counselor, youth, and parent (if available), at least every thirty days for the first three months as required. One of nine records did not yet require the 30-day review since it was recently opened during the month of September.	
Additional Comments: **There are no additional comments for this indicator.**			
2.04 - Case Management and Service Delivery			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 2.04		**YES** If NO, explain here: The provider has the required policy and procedures, PC2.04/ Case Management and Service Delivery, that was reviewed by the Executive Director on August 1, 2024.	
Counselor/Case Manager is assigned	**Compliance**	Each of the nine records reviewed were observed to have a case manager assigned.	
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**	The case plans in all nine records reviewed were observed to include all elements required by the indicator. As observed in the case files, the case managers established referrals and coordinated referrals based on the needs of the family, implemented and coordinated the service plans, provided support for the families, monitored the youth and family progress and documented it in the case notes, and provided case termination notes in the discharge summary and in the case notes for the clients that were terminated. Five of the six closed files included a 30-day post discharge follow up review and three of the six closed records included a 60-day post discharge follow up review.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	**Compliance**	All files reviewed showed evidence that the program maintains agreements with other community partners to provide services and a comprehensive referral process.	
Additional Comments: **There are no additional comments for this indicator.**			

2.05 - Counseling Services			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.05		**YES** If NO, explain here: The provider has the required policy and procedures, PC2.05/ Counseling Services, that was reviewed by the Executive Director on August 1, 2024.	
Shelter Program			
Shelter programs provides individual and family counseling	**Not Applicable**	Prevention Central is not a residential program.	
Group counseling sessions held a minimum of five days per week	**Not Applicable**		
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**		
Documentation of groups must include date and time, a list of participants, length of time, and topic.	**Not Applicable**		
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.	**Compliance**	A review of nine records verify the program provides services and interventions, which are accessible to youth in the community, youth's home, the local providers counseling office, or available virtually, with written documentation.	
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.	**Compliance**	All records reviewed displayed evidence that the program completes review of case files for coordination between presenting problems, service plan, and follow ups.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality.	**Compliance**	All records reviewed maintained individual case files on all youths and adhere to all laws regarding confidentiality.	

Case notes maintained for all counseling services provided and documents youth's progress.	**Compliance**	All nine records maintained case notes; however notes were not displayed on a separate log but were added to the bottom of the corresponding progress review form.	
On-going internal process that ensures clinical reviews of case records and staff performance.	**Compliance**	All records reviewed demonstrated an on-going internal process that ensures clinical reviews for the case record and staff performance. The supervisor and director review a random selection of open and closed records monthly and peer record reviews are also conducted monthly.	
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.	**No eligible items for review**	No virtual intakes were conducted.	
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: The provider has the required policy and procedures, PC2.06/ Adjudication/ CINS Petition Process, that was reviewed by the Executive Director on August 1, 2024.	
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	**Compliance**	The program has an agreement with Lutheran Services of Florida (LSF) Southeast to host any case staffing committee meetings. Per the Lead Supervisor, the agency coordinates with LSF if any requests for case staffing is made, and they work around their schedules depending on when everyone is available to discuss the case. Typically, staff present includes LSF Clinical Director, Case Manager assigned to the case, Case Manager Supervisor, DJJ official, School board representative, and Child and Parent.	
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**	According to the Lead Supervisor, all pertinent persons will be invited to attend the committee meetings, which are directed and held by Lutheran Services.	
The program has an established case staffing committee, and has regular communication with committee members	**Compliance**	The case staffing committee is established by Lutheran Services and includes the individuals referenced above.	

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 that is contained in its policy and procedures.	
The youth and family are provided a new or revised plan for services	**No eligible items for review**	Per interview with the community counseling Lead Supervisor, Prevention Central has not received any case staffing requests since the last QI review.	
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**		
If applicable, the program works with the circuit court for judicial intervention for the youth/family	**No eligible items for review**		
Case Manager/Counselor completes a review summary prior to the court hearing	**No eligible items for review**		
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 provider has the required policy and procedures, PC2.07/Youth Records, that was reviewed by the Executive Director on August 1, 2024.	
All records are clearly marked 'confidential'.	**Compliance**	All nine youth records reviewed were clearly marked confidential	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	**Compliance**	All reviewed records were observed to be securely maintained and kept confidentially. The files are kept in locked file cabinets with confidential marked on the file cabinet.	
When in transport, all records are locked in an opaque container marked "confidential"	**Compliance**	The program has a locked opaque containers marked "confidential" to use for the transportation of records.	
All records are maintained in a neat and orderly manner	**Compliance**	Each reviewed record was maintained in an orderly and chronological order, for quick access and review.	

SHELTER FILES contain the following: Table of Contents that outlines documents in each section: •Screening •Informed Consent • Photograph of the youth • Shelter Intake Form • Suicide Assessment (if needed) • NIRVANA Self Report (NSR) • NIRVANA full Assessment • Plan of Service • Chronological Notes • Medication Inventory Form • Approved contact list • Copies of referrals made & Follow-Up (if needed) • Discharge summary once case is closed	**Not Applicable**	Prevention Central is not a residential program.	
COMMUNITY COUNSELING FILES contain the following: Table of Contents that outlines documents in each section: • Screening • Informed Consent • Community Counseling Intake Form • Suicide Assessment (if needed) • NIRVANA full Assessment • Plan of Service • Chronological case notes • Copies of referrals made & Follow-Up (if needed) • Discharge summary once the case is closed	**Compliance**	All youth records displayed a Table of Contents that outlined all the required documents in each section. This organization was evident in the 10 files reviewed.	
All records kept electronically, are maintained securely and can be made immediately available upon request for audit purposes.	**No eligible items for review**	No records were electronic as all were paper files.	
Records are retained for the duration of the time specified by the contract.	**Compliance**	Per the agency's policy and procedures, all records are retained for the duration of the time specified by the contract.	
Additional Comments: **There are no additional comments for this indicator.**			
2.08 - Specialized Additional Program Services			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 2.08	**YES** If NO, explain here: The provider has the required policy and procedure PC 2.09 Family Youth Respite Aftercare Services (FYRAC), that was reviewed by the Executive Director on August 1, 2024.		

Staff Secure			
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")**	**Not Applicable**	Prevention Central is not a residential program.	
Staff Secure policy and procedure outlines the following: a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare	**Not Applicable**		
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	**Not Applicable**		
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift	**Not Applicable**		
Agency provides a written report for any court proceedings regarding the youth's progress	**Not Applicable**		
Domestic Minor Sex Trafficking (DMST)			
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")	**Not Applicable**	Prevention Central is not a residential program.	
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements.	**Not Applicable**		
There is evidence the youth was entered into NetMIS as a Special Populations youth at admission and a Human Trafficking Screening Tool (HTST) was completed.	**Not Applicable**		

Services provided to these youth specifically designated services designed to serve DMST youth	**Not Applicable**		
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	**Not Applicable**		
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	**Not Applicable**		
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	**Not Applicable**		
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	**Not Applicable**		
Domestic Violence			
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")	**Not Applicable**	Prevention Central is not a residential program.	
Youth admitted to DV Respite placement have evidence in the file of a pending DV charge	**Not Applicable**		
Data entry into NetMIS within (3) business days of intake and discharge	**Not Applicable**		
Youth length of stay in DV Respite placement does not exceed 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	**Not Applicable**		
Case plan in file reflects goals for aggression management, family coping skills, or other intervention designed to reduce propensity for violence in the home	**Not Applicable**		
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	**Not Applicable**		
Probation Respite			

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")	**Not Applicable**	Prevention Central is not a residential program.	
All probation respite referrals are submitted to the Florida Network.	**Not Applicable**		
All Probation Respite Referral come from DJJ Probation and there is evidence that the youth is on Probation regardless of adjudication status.	**Not Applicable**		
Data entry into NetMIS and JJIS within (3) business days of intake and discharge	**Not Applicable**		
Length of stay is no more than fourteen (14) to thirty (30) days. Any placement beyond thirty (30) days contains evidence in the file that the JPO was contacted in writing to request the need of an extension no later than the 25th day the youth was admitted into the program.	**Not Applicable**		
All case management and counseling needs have been considered and addressed	**Not Applicable**		
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	**Not Applicable**		
Intensive Case Management (ICM)			
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")	**Not Applicable**	Prevention Central is not contracted to provide ICM services.	
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.	**Not Applicable**		

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.	**Not Applicable**		
Assessments include a. NIRVANA at intake b. NIRVANA Re-Assessment every 90 days c. Post NIRVANA at discharge as aligned with timeframe requirements	**Not Applicable**		
Service/case plan demonstrates a strength-based, trauma-informed focus	**Not Applicable**		
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	**Not Applicable**		
Family and Youth Respite Aftercare Services (FYRAC)			
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")	**Yes**	A total of four youth records were reviewed for two open and two closed FYRAC youth served during the review period.	
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.	**Compliance**	Domestic Violence charge is documented on the DJJ Face Sheet in each of the four youth records reviewed and the referral/screening form indicates the youth were referred by DJJ Juvenile Probation Officer (JPO).	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	**No eligible items for review**	During the review period, the JJIS system was down; consequently, the process for obtaining Florida Network (FN) approval was waived and documented in an email that was generated from the FN when the provider requested approval that reminded the provider to document the referral and confirmation of eligibility from the referrer.	

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.	**Compliance**	The initial intake assessment was conducted face-to-face for all four youth. All services were documented in the progress notes and applicable signatures were obtained.	

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.	**Compliance**	Documentation of Life Management sessions and topics is maintained in each youth record. Each session is documented including time, topic, and attendee. The sessions are at least 60 minutes long and include topics to improve family functioning.	
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.	**Compliance**	Life Management sessions are conducted individually with each youth and family and focuses on the issues identified from the intake and goals to assist the youth to understand and deal with emotional triggers, anger management, and family coping skills.	
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	**Not Applicable**	Program conducts Life Management sessions in lieu of group sessions.	
There is evidence of completed 30 and/or 60 day follow-ups and is documented in NetMIS following case discharge.	**Compliance**	There is evidence the program completed 30 and 60 day follow-ups for two applicable closed cases. Both follow ups for each youth are documented in NetMIS following case discharge.	
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	**Compliance**	Two applicable closed records reviewed demonstrated one of the two youth received 25 sessions because an extension for two weeks was granted per JPO written and phone request. The other youth completed nine of the 13 sessions due to the youth refusing services; emails to the JPO documents the program's attempts to contact youth.	
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**	None of the youth records reviewed indicated virtual services were provided.	
All data entry in NetMIS is completed within 3 business days as required.	**Compliance**	NetMIS data entry lag report was reviewed and revealed no lags in data entry for the four records reviewed.	
Additional Comments: **There are no additional comments for this indicator.**			

2.09- Stop Now and Plan (SNAP)			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.09		**YES** If NO, explain here: The provider has the required policy and procedure PC 2.10 Stop Now and Plan (SNAP), that was reviewed by the Executive Director August 1, 2024.	
SNAP Clinical Groups Under 12			
Youth are screened to determine eligibility of services with the required documents: a. Florida Network Youth Screening Form b. SNAP® Brief Intake Screening Checklist	**Compliance**	Three SNAP Under 12 youth records were reviewed, one open and two closed. All three youth were screened using NetMIS and Brief SNAP screening forms to determine eligibility.	
All files contain **each** of the required documents below: a. SNAP Child Screening Interview Report b. Florida Network Community Counseling Intake Form c. Reinforcement Trap/Coercive Cycle Diagram d. Consent to Treatment and Participation in Research Form	**Compliance**	All three records reviewed contained the SNAP Child Screening Interview Report, Reinforcement Trap/Coercive Cycle Diagram, and Consent to Treatment and Participation in Research Form. One applicable record included the Florida Network Community Counseling Intake Form that became effective 7/1/2024.	
The NIRVANA was completed at initial intake, or within two sessions.	**Compliance**	Each youth record contained a printed NIRVANA assessment that was completed at intake.	
There is evidence of the completed the Pre - Child Behavior Checklist (CBCL) by the caregiver and is located within the file.	**Compliance**	All three youth records included evidence of CBCLs completed by the parent/guardian at intake.	
There is evidence of the completed Pre - TOPSE is completed by the caregiver and is located within the file.	**Compliance**	The Pre-TOPSE assessments were completed for all three youth at intake and are maintained in the youth records.	
There is evidence of the following documents located within the file: a. SNAP® Parent Goal Sheet b. Child Way To Go Goal Sheet (*This may be in progress for open files but is required for all closed files.*)	**Compliance**	All three youth records included evidence of SNAP® Parent and Child Way To Go Goal Sheets.	

SNAP Clinical Groups Under 12 - Discharge			
There is evidence of the completed the Post - Child Behavior Checklist (CBCL) by the caregiver and is located within the file.	**Compliance**	Two applicable closed records included the post-CBCL completed by the parent/guardian.	
There is evidence of the completed Post - TOPSE is completed by the caregiver and is located within the file.	**Compliance**	Two applicable closed records included the post-TOPSE completed by the parent/guardian.	
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	**Compliance**	Two applicable closed records included completed SNAP Discharge Reports located within the file.	
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	**Compliance**	Two applicable closed records included SNAP Boys/SNAP Girls Child Group Evaluation Forms in the file.	
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	**Compliance**	Two applicable closed records included SNAP Boys/SNAP Girls Parent Group Evaluation Forms in the file.	
SNAP Clinical Groups for Youth 12-17			
Youth are screened to determine eligibility of services using the Florida Network Youth Screening Form.	**Compliance**	Three SNAP youth 12-17 records were reviewed, one open and two closed. All three youth were screened using Florida Network youth screening forms to determine eligibility.	
The file contains the completed Florida Network Community Counseling Intake Form and is located within the file.	**Compliance**	All three records reviewed included the Florida Network Community Counseling Intake Form.	
The Consent to Treatment and Participation in Research Form is completed, signed by the parent/guardian before receiving services, and located within the file.	**Compliance**	Each youth record contained a Consent to Treatment and Participation in Research Form that was completed and located within the file.	
The NIRVANA was completed at initial intake, or within two sessions.	**Compliance**	Each youth record contained a printed NIRVANA assessment that was completed at intake.	
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.	**Compliance**	Two applicable youth records contained the completed "How I Think Questionnaire" (HIT) form located within the file. One youth case was recently opened and the orientation session to complete the form is scheduled for the week of September 30th.	

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.	**Compliance**	There was evidence of the Social Skills Improvement System (SSIS) Student form documented in two applicable records.	
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.	**Compliance**	There was evidence of the Social Skills Improvement System (SSIS) Teacher/Adult form is documented in two applicable records.	
All closed files contained evidence in the file a NIRVANA was completed at discharge.	**Compliance**	Two closed records contained evidence of a NIRVANA completed at discharge.	
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. (*This must include a total of 13 attendance sheets for a full cycle*)	**Compliance**	A total of 13 attendance sheets for a full cycle demonstrated evidence of the required attendance for all youth participating in one group completed during the review period. A second class was recently started and had two attendance sheets for two sessions completed to date.	
The program maintained evidence of a completed 'Way to Go Goal' Sheet within the file.	**Compliance**	A Way to Go Goal Sheet was completed for the two groups and the program maintained documentation in the file.	
The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	**Compliance**	Evidence of pre MoCE was located in the files for the two classes reviewed and a post MOCE was evident for the completed session.	
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	**Compliance**	Evidence of pre and post evaluations were located in the file for the completed class reviewed.	
There is evidence of the SNAP® for Schools & Communities Feedback Form completed by the supervisory adult responsible for the support of the youth receiving services and entered into NetMIS.	**Compliance**	Evidence of the SNAP® for Schools & Communities Feedback Form was reviewed and found to be entered into NetMIS for the completed session.	
There is evidence of one (1) Fidelity Adherence Checklist completed per classroom for the 13-week classroom sessions which is located in the file.	**Compliance**	Evidence of the fidelity adherence checklist was located in the full cycle groups reviewed.	
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 program has the required policy and procedures PC 2.03 Suicide Prevention that was reviewed by Executive Director on August 1, 2024.	
Suicide Risk Screening and Approval (*Residential and Community Counseling*)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	**No eligible items for review**	The program had no youth applicable for review during this compliance review; however, the program has a policy and procedure for suicide prevention.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	**Compliance**	The program's suicide risk assessment is approved by the Florida Network.	
Supervision of Youth with Suicide Risk *(Shelter Only)*			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	**Not Applicable**	Prevention Central is not a residential program.	
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	**Not Applicable**		
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.	**Not Applicable**		
Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	**Not Applicable**		
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.	**Not Applicable**		

Youth with Suicide Risk *(Community Counseling Only)*			
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.	**No eligible items for review**	The program had no youth applicable for review during this compliance review.	
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.	**No eligible items for review**		
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.	**No eligible items for review**		
If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.	**No eligible items for review**		
When the screening was completed during school hours on school property, the appropriate school authorities were notified.	**No eligible items for review**		
Additional Comments: **There are no additional comments for this indicator.**			