



Florida Network for Youth and Family Services Compliance Monitoring Report for

Youth Advocate Program

3016 N US HWY 301, Ste. 550
Tampa, FL 33619

December 18, 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 Youth Advocate Program, Inc. for the FY 2024-2025 at its program office located at 3016 N. US Hwy 301, Ste. 550, Tampa, FL 33619. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Youth Advocate Program, Inc. 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 2024 through June 30, 2025.

The compliance monitoring review was conducted by Andrea Haugabook, Consultant for Forefront LLC. Agency representatives from Youth Advocate Program, Inc. present for the entrance interview were: Felicia Wells, Regional Director, Ophelia Ciesick, Program Director, and Anastasia Rascon, SNAP Coordinator. The last onsite QI visit was conducted on April 3, 2024.

In general, the Reviewer found Youth Advocate Program, Inc. is in compliance with specific contract requirements. **Youth Advocate Program, Inc. received an overall compliance rating of 91% for achieving full compliance with eleven indicators** of the CINS/FINS Monitoring Tool. One corrective action was identified for a review item rated as conditionally unacceptable.

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 12-18-2024

Agency Name: Youth Advocate Program, Inc.					Monitor Name: Andrea Haugabook, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 3016 N US HWY 301, Ste 550 Tampa, FL 33619		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 18, 2024		
	Explain Rating						
Major Programmatic Requirements						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		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has two certified peer reviewers: Ophelia Ciesicki (Program Director) and Anastasia Rascon (SNAP Program Coordinator).	
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"/>	The Program Director reports one additional contract in the amount of \$920,000, awarded by the Department of Children and Families for one year (FY24-25) (with the ability to renew for two additional years) to serve Pinellas, Polk, Pasco and Hillsborough Counties	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the certificate of insurance dated 08/13/2024 indicated the agency maintains the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance (01/21/2024-01/24/2025) with limits of \$1,000,000 per accident, \$1,000,000 per	

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\$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						employee and \$1,000,000 per policy aggregate. Commercial General Liability (08/15/2024-08/15/2025) with a limit of \$1,000,000 per occurrence, \$1,000,000 for damages to rented premises, \$20,000 med expenses, \$1,000,000 personal and advance injury, \$3,000,000 general aggregate, and \$3,000,000 products aggregate. Automobile Liability Insurance (08/15/2024-08/15/2025) with a \$1,000,000 combined single limit. Umbrella liability (08/15/2024-08/15/2025). The Florida Network of Youth and Family Services is listed as a certificate holder on the COI.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program reports no external corrective action items cited by external funders.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the agency's accounting manual contained a policy entitled Accounting Guidelines which complies with GAAP and gives sound internal controls. The agency's fiscal files are maintained in accounting software and are audit-ready

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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"/>
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"/>
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices for the 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		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
		A review of the general ledger for the most recent six months shows the ledger is set up to track the activity of the grant separately from all other revenue and expenses.				
		An interview with the Program Director indicates the program does not use petty cash.				
		The most recent six months of reconciled bank statements were provided for review. Bank statements are reconciled by the Finance Department. Invoices are submitted to the accounts payable and paid the following week. Vendor invoices are paid by the corporate accounts payable department and not by the local program.				
		The program does not have any inventory over \$1,000 purchased with FNYFS funds,				

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Major Programmatic Requirements						Notes Explain Unacceptable or Conditionally Acceptable:
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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"/>	The most recent six months of payroll tax deposits were provided for review. The agency submits payroll taxes and deposits and retirement deposits, as applicable.
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"/>	Actual reports are sent from the CFO to the Regional Director on a monthly basis for review. The Regional Director along with the Assistant Director review the reports for accuracy and completeness in comparison to the invoice and expense reports submitted to the Florida Network.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A single audit was performed on December 27, 2023, by Bakertilly. This is the most recent fiscal audit available at the time of the review. The audit report is for the period ending June 30, 2023, and 2022. There were no findings cited in the audit report requiring the submission of a corrective action plan.

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		Explain Rating				
Major Programmatic Requirements		Unacceptable	Conditionally Acceptable	Fully Met	Exceeded	Not Applicable
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"/>
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"/>
		Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)				Notes Explain Unacceptable or Conditionally Acceptable:
		The agency has written policies and procedures to ensure the security and privacy of all employee and client data. All personal information is maintained in an electronic format, not easily accessible. The program does have a back-up system in case of accidental loss of financial information. The program does have procedures in place to protect laptops.				
		A review of payroll summaries for all direct care staff verified each staff member is paid at least \$19.00 per hour.				

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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CONCLUSION

Youth Advocate Program, Inc. has met the requirements for the CINS/FINS contract as a result of full compliance with ten applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the fourteen indicators were not applicable because the program does not have petty cash, the program does not have any inventory over \$1,000 purchased with funds from FNYFS, and the program has no corrective action items cited by external funders. Consequently, **the overall compliance rate for this contract monitoring visit is 91%**. One corrective action is required 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 CORRECTIVE ACTIONS or RECOMMENDATIONS

Corrective Action (1)

An audit report for period ending June 30, 2024, needs to be submitted to FNYFS.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Youth Advocate Program
CINS/FINS Program

Date: December 18, 2024

Compliance Monitoring Services Provided by



December 18, 2024

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	Satisfactory
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

4.01 Healthcare Admission Screening	Satisfactory
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Percent of Indicators rated Satisfactory: 100 %**Percent of Indicators rated Limited: 0 %****Percent of Indicators rated Failed: 0 %**

Overall Rating Summary

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

Rating Definitions

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

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

Reviewers

Members

Andrea Haugabook - Lead Reviewer -Forefront LLC/Florida Network of Youth and Family Services
Justin Terziu – Regional Monitor, Department of Juvenile Justice
Pacherrah Faulkner – Bethel Community Foundation

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, 2024).

Persons Interviewed

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

Documents Reviewed

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Grievance Process/Records	<input type="checkbox"/> # Health Records
<input type="checkbox"/> Logbooks	<input type="checkbox"/> Key Control Log	<input type="checkbox"/> # MH/SA Records
<input type="checkbox"/> Continuity of Operation Plan	<input type="checkbox"/> Fire Drill Log	<input type="checkbox"/> 8 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<input type="checkbox"/> 7 # Training Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<input type="checkbox"/> 5 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input type="checkbox"/> Program Schedules	<input type="checkbox"/> 4 # Youth Records (Open)
<input type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/> # Other: ____
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	

Observations During Review

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

Surveys

<input type="text" value="0"/> # of Youth	<input type="text" value="5"/> # of Direct Staff	<input type="text"/> # of Other
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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 community counseling services.

Narrative Summary

Youth Advocate Program is located at 3016 N US Hwy 301 Ste. 550, Tampa, FL 33619. Youth Advocate Program (YAP) has served youth and families in Hillsborough County since 2002. The program offers Children In Need of Services. Families In Need of Services (CINS/FINS) programming to youth ages 6 to 17 who have not been adjudicated delinquent, and are not currently under the supervision of the Department of Children and Families. The program offers Stop Now And Plan (SNAP) services in the community, in the office, and in the local schools. Probation and Domestic Violence Respite are also provided by YAP consisting of ten weeks of individual or group services focused on improving the youth's life skills. Partnerships with other community organizations, Hillsborough County schools, and the Department of Juvenile Justice are essential to the program's success.

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 **Satisfactory**.

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**.

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 agency has a policy titled, Policy for Background Screenings, FN Policy 5.03 which was reviewed 12/01/2024 by the Program Director.	
All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.	Compliance	Seven of seven new hire employee files reviewed, contained evidence that each of the employees successfully passed the agency's pre-employment 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.	No eligible items for review	All new hire employee files reviewed passed the initial suitability assessment.	
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	There were no employees who have had a break in service for 18 months or more.	
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>	Compliance	Seven of seven new hire employee files reviewed contained evidence of an eligible background screening and it was completed prior to hire/start date.	
Five-year re-screening is completed every 5 years from the date of the last screening for all applicable employees and volunteers.	Compliance	Evidence of a five-year re-screening, completed from the date of the last screening, was observed in one of one applicable employee files reviewed.	

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	Verification of a completed Annual Affidavit of Compliance with Level 2 Screening Standards was reviewed on-site. The affidavit was completed and submitted to DJJ Background Screening Unit via email 01/10/2024.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	Proof of E-Verify from the Department of Homeland Security for all seven new employees was observed in the employee files reviewed.	
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 agency has a policy, FN 5.02 Abuse Free Environment Code of Conduct, Grievances, reviewed by the Program Director on 12/01/2024.	
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	Compliance	The program has established a comprehensive Code of Conduct, which is clearly outlined in the policy documentation. Staff members are fully informed of the expectations outlined in the Code, as evidenced by signed forms acknowledging their understanding and commitment.	
The agency has a process in place for reporting and documenting child abuse hotline calls.	Compliance	The program maintains a policy for reporting and documenting child abuse, ensuring the safety and well-being of all youth participants. Youth are educated on the policy with all individuals being informed about the abuse contact number for reporting concerns.	
Youth were informed of the Abuse and Contact Number	Compliance	Documentation reviewed confirms that all youth participants were informed about the abuse policy and contact number, ensuring they know how to report any concerns.	
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	The program offers an accessible and responsive grievance process for youth to provide feedback. Grievances submitted by youth are reviewed by the compliance team, ensuring that all issues are addressed promptly and appropriately.	

Shelter only: Grievances are maintained on file at minimum for 1 year.	Not Applicable	Youth Advocate Program does not provide shelter services.	
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	Youth Advocate Program does not provide shelter services.	
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	Youth Advocate Program does not provide shelter services.	
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	Youth Advocate Program does not provide shelter services.	
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 agency has a policy, FN 5.01 Incident Reporting, reviewed by the Program Director on 12/01/2024	
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	Compliance	During the past six months, the program notified the Department's CCC within the required time frame for one of one reportable incident.	
The program completes follow-up communication tasks/special instructions as required by the CCC	Compliance	Program only had one incident reported to CCC for the office closure due to the weather condition/Hurricane and completed the appropriate follow-up communication as required by CCC.	
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	There were no internal incidents requiring completion of an internal incident report. One CCC reportable incident was a program closure due to weather conditions and it was reported as required.	
Incidents are documented in the program logs and on incident reporting forms	Compliance	Observation of an incident log shows that incidents are reported as required.	

All incident reports are reviewed and signed by program supervisors/ directors	Compliance	Program only had one Incident reported to CCC for the office closure due to the weather condition/hurricane for the annual review period.	
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 agency has a policy titled, Training Requirements, FN Policy 1.04 which was reviewed 12/01/2024 by the Program Director.		
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: <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">- 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	Documentation reviewed for five new hire employees indicated all new hire pre-service trainings were completed in the required timeframes pertaining to community counseling staff only.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	Compliance	Five of five employee files reviewed contained evidence of completion of United States Department of Justice Civil Rights & Federal Funds training within 30 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	Five of five employee files reviewed contained evidence of completion exceeding the minimum required 80 hours of training for the first full year of employment.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Compliance	Training documentation reviewed for five new fire employees indicate all mandatory training was completed in the first 90 days of employment from the date of hire.	
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	This program provides community counseling services only and this training is not applicable.	
Staff that are Utilizing NETMIS			
Any staff that is utilizing NETMIS has evidence of completing NetMIS Training in their training file.	Compliance	One of four staff training files reviewed will be using NetMIS and documentation of completion of NetMIS training was present in the employee 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 <u>within 1 year of employment or no later than 7/1/24 if hired before 7/1/23.</u> (Policy went into effect 7/1/23).	No eligible items for review	Each of the new hire employee files reviewed still have time to complete this 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 program provides community counseling services only and this training is not applicable.	
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	Program had only two applicable in-service staff to review for training. According to the program's policy, in-service training is completed on a calendar year. Both staff have until December 31, 2024 to complete this training.	
Community Counseling Direct Care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually.	Compliance	Two of two in-service training files reviewed are in compliance with at least 24 hours of training this calendar year.	
Shelter Program Direct Care staff completes 40 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>E.g. the program has a DCF child caring license</i>).	Not Applicable	This program provides community counseling services only and this training is not applicable.	
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's training plan was reviewed and found to be in compliance with including all required training topics including pre-service and in-service.	
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 Director is the designated staff member responsible to manage all employee's individual training files and completing routine tracking and reviews of staff files to ensure compliance.	

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	Each employee has an individual training file maintained by the program which includes a training log with all the Florida Network requirements.	
All Staff have completed the Naloxone Training as required within 90 days of hire or 1 year from the policy effective date 7/1/24:		Staff has until the end of the fiscal year to complete this training.	
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		YES	
		If NO, explain here:	
		The program has a policy, 6.00 Policy for Analyzing and Reporting Information, approved by the Regional Director on 12/01/2024.	
Case record review reports demonstrate reviews are conducted quarterly, at a minimum. <i>(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.)</i>	Compliance	Case record reviews are conducted by the administrative team the last Thursday of each month. All files are reviewed and a summary of results are reported by the Program Director in monthly staff meetings.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	Compliance	Reviews of incidents, accidents, and grievances are conducted by the Program Director monthly and documented in the program's staff meeting minutes from June through November 2024.	
The program conducts an annual review of customer satisfaction data	Compliance	Customer satisfaction data is collected on an on-going basis. It is reviewed, aggregated, and reported annually in the agency's annual report.	
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	The Program Director reviews the End-of-Month report generated by the Florida Network Office. Monthly reviews were observed and included in the staff meeting minutes over the past six months.	

The program has a process in place to review and improve accuracy of data entry & collection	Compliance	Youth Advocates only have view only privileges in case files. The Administrative Assistant enters all data into NetMIS and the program's other electronic systems. The supervisor reviews the information monthly for accuracy and the Program Director reviews a second time.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	Compliance	All findings are regularly reviewed by the Program Director and discusses findings with staff in monthly staff meetings. The Program Director reports findings to the Regional Director who communicates all information to stakeholders and upper management. Bi-annual reports are given to the executive leadership.	
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 Regional Director reports program performance to the Board of Directors, additionally the Regional Director submits all final reports to the Board of Directors electronically by creating an open ticket to the compliance department when the program receives notice of their upcoming review and the ticket is closed when the final report is submitted electronically to the compliance department.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	Compliance	The Program Director identifies strengths and weaknesses and implements improvements with the staff. The Program Director discusses these items with the staff at monthly staff meetings as well as on a one-to-one basis with staff.	
Additional Comments: There are no additional comments for this indicator.			

1.06: Client Transportation			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.06		YES	
		If NO, explain here:	
		The program has a policy, FN 5.07 Client Transportation, approved by the Program Director on 12/01/2024.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Compliance	Documentation reviewed indicated program has a list of approved drivers to drive clients in their private vehicles.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Compliance	Program maintains a binder with all required documentation for approved drivers, ensuring they have valid Florida driver's licenses. All employee drivers licenses' are validated annually and all approved drivers are covered under the program's automobile insurance, ensuring the safety and compliance of the transportation process.	
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	Documentation reviewed indicated program prohibit transporting a client without maintaining one other passenger in the vehicle.	
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 client's history, evaluation and recent behavior.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Compliance	The agency's policy also addresses the 3rd party in the vehicle as other youth, staff, approved volunteers, or interns.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Compliance	Supervisor approval was observed on the program's logbook for ten randomly selected transports for the past 6 months across different times, including weekends.	
When transporting a single client in a vehicle, there was evidence documentation of the following: a. the transporting employee completed check-in by phone at agreed-upon intervals (as stated in policy) with the senior program leader, or designee, upon departure and arrival. b. the employee check-ins were documented by the manager or designee receiving the call.	Compliance	Transportation documentation reviewed over the past six months confirmed the program's compliance in the transporting employee completing and documenting check-ins with senior program leader or designee.	

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.	Compliance	Transportation documentation reviewed contains information such as the driver's name, date and time of transportation event, mileage, number of passengers, purpose of travel and location.	
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	Compliance	YES	
		If NO, explain here:	
		The program has a policy, FN 1.01 Outreach Services, approved by the Program Director on 12/01/2024.	
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 lead position designated to participate in local DJJ board and Circuit and Council meetings is the SNAP Coordinator. Meeting minutes, agendas and other verification of participation was observed for the past six months.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	Compliance	Evidence of written agreements with community partners was observed while on-site.	
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	All outreach events conducted over the past six months were observed entered into the NetMIS system. Details for each event included the title, date, duration, zip code, location, estimated number of people reached, modality, target audience and topic.	
The program has designated staff that conducts outreach which is defined in their job description.	Compliance	The program designated the SNAP Coordinator to conduct outreach as defined in the job description.	
Additional Comments: There are no additional comments for this indicator.			

Standard Two – Intervention and Case Management			
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:	
		This agency has a policy, 2.01 Policy on Screening and Intake, reviewed by the Regional Director on 12/01/24.	
<u>Shelter youth</u> : Eligibility screening form is completed immediately for all shelter placement inquiries.	Not Applicable	This program provides community counseling only.	
<u>Community counseling</u> : Eligibility screening form is completed within 3 business days of referral by a trained staff using the Florida Network screening form.	Compliance	The eligibility screening forms were completed within three business days of the referrals by a trained staff using the Florida Network screening form.	
There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.	Compliance	There is evidence in each file that referrals for service is screened and logged in NETMIS within 72 hours of screening completion.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	Compliance	It is evidence observed in each file that parents/guardians receive available service options and 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	It is evidence in each file that the youth and parent/guardians receive information regarding possible actions occurring through the involvement with CINS/FINS services and grievance procedures.	
During intake, all youth were screened for suicidality and correctly assessed as required if needed.	Compliance	It is evidence in the files that all youth were screened for suicidality and correctly assessed as required, if needed, during the intake process.	
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 agency has a policy, 2.02 Policy on Needs Assessment, reviewed by the Regional Director on 12/01/24.	
Shelter Youth: NIRVANA is initiated within 72 hours of admission	Not Applicable	The program provides community counseling services only.	
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	The Nirvana Assessments were initiated at intake and completed within two to three face-to-face contacts as evidenced on the date of the Nirvana form in the case file and in the NETMIS system.	
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	The supervisor's signature was documented on all nine Nirvana assessments as seen on the Nirvana assessment in the case files.	
(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	The program provides community counseling services only.	
A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.	Compliance	All youth who had a stay greater than 30 days had a Nirvana Post-Assessment completed.	
A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	Compliance	All youths whose files were eligible to receive a 90-day Nirvana reassessment were completed on time.	
All files include the interview guide and/or printed NIRVANA.	Compliance	All nine files reviewed had a printed Nirvana Assessment in the case file.	
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 agency has a policy, 2.03 Policy on Case/Service Plan, reviewed by the Regional Director on 12/01/24.	
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	The service plans are developed on a local provider-approved form and is based on information gathered during the screening, intake and Nirvana as evidenced by the screening and intake form and Nirvana Assessment evaluations in the case files.	
Case/Service plan is developed within 7 working days of NIRVANA	Compliance	All nine files reviewed were developed within seven working days of the Nirvana as indicated on the Service Plan located in the case files.	
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 Case/Service plans included the required information and were noted in the case file documentation.	
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	Seven out of nine Case/Service plans were reviewed for progress/revised by the counselor and parent (if available) every 30 days. Two of the files were not applicable for the 30-day 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:	
		The agency has a policy, 2.04 Policy on Case Management and Service Delivery, reviewed by the Regional Director on 12/01/24.	
Counselor/Case Manager is assigned	Compliance	A Counselor/Case Manager was assigned to all nine clients as evidence of the counselor's name and credentials in the case files.	
<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. 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	<p>Each case file reviewed contained evidence of the following: the counselor established 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. No clients were referred for additional services.</p> <p>There were no court-ordered cases out of the nine reviewed therefore the counselor did not accompany the family to court hearings and related appointments nor did they provide court case monitoring and review court orders.</p> <p>Four out of the nine reviewed were due for a 30-day follow-up and they were completed as evidence of the follow-up in the follow-up book and documentation in the case notes.</p> <p>One of the four files was due for a 60-day follow-up and it was completed and was observed in the follow-up book, as well as the documentation in the case file.</p> <p>One of the four files was due for a 90-day follow-up and it was completed and was observed in the follow-up book, as well as the documentation in the case file.</p>	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	Compliance	YAP maintains written agreements with community partners that allows them to refer their youth for additional services. They have a written process that allows them to refer to the community partners and they have written partnership agreements.	
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 agency has a policy 2.05 Policy on Counseling Services, reviewed by the Regional Director on 12/1/24.		
Shelter Program			
Shelter programs provides individual and family counseling	Not Applicable	This program provides community counseling only.	
Group counseling sessions held a minimum of five days per week	Not Applicable	This program provides community counseling only.	
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 program provides community counseling only.	
Documentation of groups must include date and time, a list of participants, length of time, and topic.	Not Applicable	This program provides community counseling only.	
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	The community counseling program provides therapeutic services designed to provide intervention needed to stabilize the family. The services are provided in the youth's home, a community location, the provider's counseling office or virtually. The case files reflect where the services were provided and the progress of the client and the 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.	Compliance	It was documented throughout the case files that the presenting problems were reflected in the Nirvana Assessment, case service plan reviews, case management and follow-ups.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality.	Compliance	YAP maintains individual case files on each youth and adheres to the law regarding confidentiality. Each case file had "confidential" marked on the tab of each case file.	

Case notes maintained for all counseling services provided and documents youth's progress.	Compliance	The case file notes were observed in each case file and was noted that they documented the client's progress or lack of progress.	
On-going internal process that ensures clinical reviews of case records and staff performance.	Compliance	YAP has an internal process that ensures clinical reviews of case records and staff performance.	
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.	Compliance	There was no evidence that the agency conducted any intakes virtually during the period of review.	
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 agency has a policy, 2.06 Policy on Adjudication/Petition Process, reviewed by the Regional Director on 12/1/24.	
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	Compliance	The agency has a policy on the adjudication/petition process. There is also regular attendance at the committee meetings which includes local school representatives.	
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	YAP staff attend case staffing meetings at Hillsborough County on a monthly basis. Committee meetings may including other members (i.e., State Attorney's Office, others requested by youth/ family, substance abuse representative, law enforcement representative, DCF representative, and mental health representative).	
The program has an established case staffing committee, and has regular communication with committee members	Compliance	YAP attends Hillsborough County case staffing meetings on a monthly basis as evidence by the monthly attendance sheets.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	Compliance	YAP has an internal procedure for the case staffing process which includes the monthly case staffing/supervision meetings with the Program Director and/or the Assistant Program Director. If any cases need to be referred to the case staffing team, the decision is made during the supervision meeting.	

The youth and family are provided a new or revised plan for services	No eligible items for review	The program had no adjudication/petition cases since the last review. The program demonstrates readiness to receive a youth under 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	The program had no adjudication/petition cases since the last review.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	No eligible items for review	The program had no adjudication/petition cases since the last review.	
Case Manager/Counselor completes a review summary prior to the court hearing	No eligible items for review	The program had no adjudication/petition cases in the past six months. The program demonstrates readiness to receive a your under the CINS process.	
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, 2.07, Policy on Youth Records, reviewed by the Regional Director on 12/1/24.	
All records are clearly marked 'confidential'.	Compliance	All nine case files were marked confidential on the tab on the case files.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	Compliance	The Program Director and SNAP Coordinator conducted a tour of the facility for this Peer Auditor. During this tour, they showed the area where the case files are maintained as part of the ongoing transition process to electronic records. The Peer Auditor was provided with detailed information regarding the electronic files, ensuring a thorough understanding of the program's operations and the transition efforts.	
When in transport, all records are locked in an opaque container marked "confidential"	Not Applicable	The program does not transport physical files, as all files have been or are being converted into electronic formats.	
All records are maintained in a neat and orderly manner	Compliance	All case files, whether physical or electronic were observed to be well-maintained, neat and orderly.	

<p>SHELTER FILES contain the following: Table of Contents that outlines documents in each section:</p> <ul style="list-style-type: none"> •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	Youth Advocate Program does not provide shelter services.	
<p>COMMUNITY COUNSELING FILES contain the following: Table of Contents that outlines documents in each section:</p> <ul style="list-style-type: none"> • 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 Community Case files reviewed had the necessary documents outlined to include: table of contents, screening, informed consent, community counseling intake form, suicide assessment, NIRVANA, Plan of Service, chronological case notes and follow up (if needed).	
All records kept electronically, are maintained securely and can be made immediately available upon request for audit purposes.	Compliance	All records were kept electronically, securely maintained, and made available immediately upon request for audit purposes.	
Records are retained for the duration of the time specified by the contract.	Compliance	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 agency has a policy, 2.08 Policy on Specialized Additional Services, reviewed by the Program Director on 12/1/24.		
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	This agency provides community counseling only.	
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	This agency provides community counseling only.	
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
Agency provides a written report for any court proceedings regarding the youth's progress	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	

QUALITY IMPROVEMENT REVIEW
**Youth Advocate Program
December 18, 2024**
LEAD REVIEWER: Andrea Haugabook

Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements.	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
Services provided to these youth specifically designated services designed to serve DMST youth	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
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	This agency provides community counseling only.	
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	This agency provides community counseling only.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
Youth admitted to DV Respite placement have evidence in the file of a pending DV charge	Not Applicable	This agency provides community counseling only.	
Data entry into NetMIS within (3) business days of intake and discharge	Not Applicable	This agency provides community counseling only.	

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	This agency provides community counseling only.	
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	This agency provides community counseling only.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
All probation respite referrals are submitted to the Florida Network.	Not Applicable	This agency provides community counseling only.	
All Probation Respite Referral come from DJJ Probation and there is evidence that the youth is on Probation regardless of adjudication status.	Not Applicable	This agency provides community counseling only.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge	Not Applicable	This agency provides community counseling only.	
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	This agency provides community counseling only.	
All case management and counseling needs have been considered and addressed	Not Applicable	This agency provides community counseling only.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	Not Applicable	This agency provides community counseling only.	
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	The agency is not contracted to provide intensive case management 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	This agency is not contracted to provide intensive case management services.	
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	This agency is not contracted to provide intensive case management services.	
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	This agency is not contracted to provide intensive case management services.	
Service/case plan demonstrates a strength-based, trauma-informed focus	Not Applicable	This agency is not contracted to provide intensive case management services.	
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	This agency is not contracted to provide intensive case management services.	
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	There were two FYRAC cases during this review.	
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	The youth were referred by the JPO due to being on probation and referred for FYRAC services.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	Compliance	The FYRAC case files have an approval email/letter from Florida Network approving the referrals.	

<p>Intake and initial assessment sessions meets the following criteria:</p> <p>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.</p> <p>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.</p> <p>c. For youth on probation, a copy of the youths Community Assessment Tool (CAT) to assist with development of the family service plan.</p>	Compliance	<p>All criteria were met during the intake and initial assessment as evidence of the documentation in the case files. The intake sessions were face to face for each case.</p>	
<p>Life Management Sessions meets the following criteria:</p> <p>a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit</p> <p>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>	Compliance	<p>One file met the criteria for the Life Management sessions as the file was closed, successfully. The other reviewed file has not started the sessions.</p>	
<p>Individual Sessions:</p> <p>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.</p> <p>b. Issues to be covered through each session include but are not limited to:</p> <p>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>	Compliance	<p>One file met the criteria for the Life Management sessions as the file was closed, successfully. The other reviewed file has not started the sessions. The file was documented, indicating efforts to engage the family.</p>	
<p>Group Sessions:</p> <p>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.</p> <p>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>	Compliance	<p>One file that was successfully closed met the criteria for the group sessions. The other file has been opened less than 30-days. Efforts to engage the family is documented in the file.</p>	

There is evidence of completed 30 and/or 60 day follow-ups and is documented in NetMIS following case discharge.	Compliance	One file that was successfully closed showed evidence of a completed 30-day follow-up and is 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	One file that was successfully closed showed evidence of the youth and family participating in services for thirteen sessions or ninety consecutive days and is evidenced in the youth's file.	
Any service that is offered virtually, is documented in the youth's file why it was in the youth and families best interest.	Not Applicable	The program does not provide virtual sessions.	
All data entry in NetMIS is completed within 3 business days as required.	Compliance	All data for the FYRAC cases were entered into NETMIS within three days.	
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 agency has written policies and procedures that meet the requirements for Stop Now And Plan (SNAP) that were signed by the Regional Director on 12/1/24.		
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 of three youth files reviewed contained evidence of a screening to determine eligibility of services.	
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	Three of three youth files contained the required documents as evidenced in the files.	
The NIRVANA was completed at initial intake, or within two sessions.	Compliance	The NIRVANA was completed at the initial intake, or within two sessions in three of the three files reviewed.	

There is evidence of the completed the Pre - Child Behavior Checklist (CBCL) by the caregiver and is located within the file.	Compliance	There was evidence of a completed Child Behavior Checklist (CBCL) by the caregiver and is located in each file.	
There is evidence of the completed Pre - TOPSE is completed by the caregiver and is located within the file.	Compliance	A completed Pre - TOPSE was completed in three of the three files reviewed.	
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	There is evidence that the SNAP Parent Goal Sheet and the Child Way To Go Goal Sheet is present in the two closed files and is a work in progress in the open file.	
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 of the two closed SNAP files have evidence of completed Post - Child Behavior Checklist (CBCL) by the caregiver and is located in the file.	
There is evidence of the completed Post - TOPSE is completed by the caregiver and is located within the file.	Compliance	Two of the two closed SNAP files have evidence of a completed Post - TOPSE by the caregiver and is located in the file.	
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Compliance	Two of the two closed SNAP files have evidence of the completed SNAP Discharge Report in the files.	
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	Compliance	Evidence of the completed SNAP Boys/SNAP Girls Child Group Evaluation Forms are located in the files.	
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	Compliance	Two of the two closed SNAP files have evidence of the Boys/SNAP Girls Parent Group Evaluation Form located 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.	No eligible items for review	There were no eligible items for review during this review period.	

The file contains the completed Florida Network Community Counseling Intake Form and is located within the file.	No eligible items for review	There were no eligible items for review during this review period.	
The Consent to Treatment and Participation in Research Form is completed, signed by the parent/guardian before receiving services, and located within the file.	No eligible items for review	There were no eligible items for review during this review period.	
The NIRVANA was completed at initial intake, or within two sessions.	No eligible items for review	There were no eligible items for review during this review period.	
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.	No eligible items for review	There were no eligible items for review during this review period.	
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.	No eligible items for review	There were no eligible items for review during this review period.	
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.	No eligible items for review	There were no eligible items for review during this review period.	
All closed files contained evidence in the file a NIRVANA was completed at discharge.	No eligible items for review	There were no eligible items for review during this review period.	
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>	Compliance	Completed weekly attendance sheets were present for 13 sessions in two of the two closed files. The open file is currently wait-listed.	
The program maintained evidence of a completed 'Way to Go Goal' Sheet within the file.	Compliance	There was evidence of completed "Class Goals" document present in two of the two closed files. The open file is currently wait-listed.	

The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	Compliance	Evidence of both completed pre and post Measure of Classroom Environment (MoCE) documents was present in both eligible files for the classes reviewed.	
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	Compliance	Evidence of completed pre and post evaluation documents was present for both the classes 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 completed by the supervisory adult responsible for the support of the youth receiving services and entered into NETMIS in the two closed files.	
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 one Fidelity Adherence Checklist is completed per classroom for the 13-week classroom sessions and is located in the two closed files.	
Additional Comments: There are no additional comments for this indicator.			
Standard Four – Mental Health/Health Services			
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 written policies and procedures that meet the requirements for Suicide Prevention that was signed by the Regional Director on 12/1/24.		
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.	Compliance	All community counseling files reviewed contained evidence of a completed suicide risk screening which took place at initial intake. Each of the suicide screening results were reviewed and signed by a supervisor.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program utilizes all of the FNYFS approved suicide risk screening questions. Youth are referred to local mental health providers for assessment, once warranted.	
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	This program provides community counseling services only.	

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	This program provides community counseling services only.	
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	This program provides community counseling services only.	
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	This program provides community counseling services only.	
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	This program provides community counseling services only.	
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 identified for suicide risk during intake since the date of the last on-site 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	There were no cases of suicide risk identified back to the date of the last 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	The program has information on resources for further assessment available in the community to give to parents/ guardians when necessary.	
If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.	No eligible items for review	There were no cases referred for suicide assessment back to the date of the last review.	
When the screening was completed during school hours on school property, the appropriate school authorities were notified.	No eligible items for review	There were no cases of suicide screenings completed on school property during school hours.	
Additional Comments: There are no additional comments for this indicator.			