



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

**Re-Review** of Center for Family and Child Enrichment  
Miami Gardens, FL

August 21, 2024

**Compliance Monitoring Services Provided by**





## 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.

## Reviewer

### Member

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

## Overview

### **Monitoring Purpose:**

The purpose of this monitoring is to conduct a re-review of the Center for Family and Child Enrichment (CFCE). During the FY23-24 annual compliance review, conducted on February 28, 2024, the program received a **Failed Compliance rating for Indicator 2.03 – Case/Service Plan**. This subsequent visit is to determine if corrective actions taken by the agency have resulted in improvements.

During the entrance meeting, the lead reviewer met with Mary Williams, Director of Community Based Youth Intervention Services. The Director provided an update on staffing changes since the annual compliance visit. There was a significant turnover with the program staff which resulted in the hiring of two new case managers in May and June 2024 with a third case manager position hire pending. The program also filled the previously vacant Administrative Assistant position in April 2024. The Director stated new case managers were trained in creating service plans that include initiation dates, contact frequency, and realistic goals.

### **Review of Failed Indicator(s)**

#### **2.03 Case/Service Plan**

The program received a **Failed Compliance rating** for this indicator during the FY23-24 annual compliance review. **Indicator 2.03** received a **Failed** rating due to the following reasons:

- None of the service plans were individualized or were based on needs identified from the Nirvana Assessments.
- None of the service plans were individualized and were based on the initial screening, presenting problems, or responses found on the Nirvana Assessments. Service types, target dates, and/or referrals were unclear or non-existent.
- Five closed files reviewed did not have ninety-day follow-ups even though discharge for all clients was past the ninety days.

During the re-review visit conducted onsite on August 21, 2024, the program demonstrated some compliance with the indicator and received a **limited rating** for this indicator due to observation of current practices that were deemed to be systemic. The re-review period included the past three months and consisted of a review of service plans for six youth records, three currently open and three that were closed.

All six records reviewed demonstrate the service plans were developed the same day upon completion of the NIRVANA. Although there were some similar goals implemented across some

of the service plans because the youth were referred for truancy, it was evident that the goals were developed mainly from information gathered during the initial screening, intake, and the NIRVANA. However, it was observed that additional needs identified on the NIRVANA for two of the six records were not addressed on the service plans, one for youth lacking consistent friends, and the other for homelessness. The latter did not include the goal, but progress notes indicate the family was referred for housing assistance. The findings resulting from the review of the service plans concluded there are three prevailing issues:

- 1) Service type, frequency, and location were not consistently documented in five of the six service plans reviewed. Three of the five service plans indicated goals that stated, “case manager will make all referrals and monitor progress” and “families will participate in all referral services” with no reference to the type of referrals to be made, location of agency youth/family will be referred to, or frequency of service to be provided. A fourth service plan stated the youth was referred to the agency’s internal behavioral health therapy program; however, no referral was found in the youth’s record and the goal simply stated, “ensure family receives all appropriate services” without indicating service to be provided, frequency and/or location. Another goal for the youth is monitoring attendance in the new school year but no measurable outcomes were developed. Another goal states “families will participate in the program and report barriers” which is also not specific, measurable, and time-bound. The frequency and location of behavioral health therapy were not included in the fifth service plan reviewed which was found to be incomplete.
- 2) Timely progress reviews were not evident in four of the six service plans reviewed. The applicable 30-, 60-, and 90-day follow-ups were late between one and six days in the four service plans.
- 3) Target dates for all goals were set for the expected length of stay (three months) with no consideration given to realistic time frames for goals that are achievable in less time, for example, a goal for referral that is typically done immediately would have a three-month target date time frame.

### **Summary of Re-Review**

As previously stated, the purpose of the re-review is to determine if corrective actions taken by the program have resulted in improvements. CFCE submitted its Outcome Based Corrective Action Plan (OBCAP) on March 5, 2024. The CAP addressed the failed indicator as well as indicators that received a Limited rating. The re-review of the Failed indicator demonstrates there has not been satisfactory improvement resulting from the corrective action.

Based on the re-review conducted on 08/21/2024, the program demonstrated **LIMITED compliance** with the Outcome-Based Corrective Action Plan developed on March 5, 2024. The agency must continue to address the exceptions noted above and monitor progress so performance can be fully compliant in the future.