Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-St. Petersburg

on 12/14/2016

CINS/FINS Rating Profile

Standard 1: Management Accountability	
1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory:100.00%
Percent of indicators rated Limited:0.00%
Percent of indicators rated Failed:0.00%

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 and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petitiion Process	Satisfactory
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory:100.00%
Percent of indicators rated Limited:0.00%
Percent of indicators rated Failed:0.00%

Percent of indicators rated Satisfactory:100.00%
Percent of indicators rated Limited:0.00%
Percent of indicators rated Failed:0.00%

Rating Definitions

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

Satisfactory Compliance	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.

Review Team

Members

Keith Carr, Lead Reviewer, FOREFRONT Florida Network

Paul Sheffer, Regional Monitor, Department of Juvenile Justice

Diane Lindsay, Case Manager, Tampa Housing Authority

Persons Interviewed

- [ ] Chief Executive Officer
- [ ] Chief Financial Officer
- [ ] Program Coordinator
- [ ] Direct-Care On- Call
- [ ] Clinical Director
- [x] Case Manager
- [ ] Nurse
- [x] Executive Director
- [ ] Program Director
- [ ] Direct- Care Full time
- [ ] Volunteer
- [ ] Counselor Licensed
- [ ] Advocate
- [ ] Chief Operating Officer
- [ ] Program Manager
- [ ] Direct-Care Part Time
- [ ] Intern
- [ ] Counselor Non- Licensed
- [ ] Human Resources

1 Case Managers
0 Program Supervisors
0 Health Care Staff
0 Maintenance Personnel
0 Food Service Personnel
0 Clinical Staff
0 Other

Documents Reviewed

- [ ] Accreditation Reports
- [x] Affidavit of Good Moral Character
- [ ] CCC Reports
- [ ] Logbooks
- [ ] Continuity of Operation Plan
- [ ] Contract Monitoring Reports
- [ ] Contract Scope of Services
- [ ] Egress Plans
- [ ] Fire Inspection Report
- [ ] Exposure Control Plan
- [ ] Fire Prevention Plan
- [x] Grievance Process/Records
- [ ] Key Control Log
- [ ] Fire Drill Log
- [ ] Medical and Mental Health Alerts
- [x] Table of Organization
- [ ] Precautionary Observation Logs
- [ ] Program Schedules
- [ ] Telephone Logs
- [ ] Supplemental Contracts
- [ ] Vehicle Inspection Reports
- [ ] Visitation Logs
- [ ] Youth Handbook

0 # Health Records
0 # MH/SA Records
4 # Personnel Records
4 # Training Records
2 # Youth Records (Closed)
4 # Youth Records (Open)
0 # Other

Surveys

0 Youth
0 Direct Care Staff

Observations During Review

- [ ] Intake
- [ ] Program Activities
- [ ] Recreation
- [ ] Searches
- [ ] Security Video Tapes
- [ ] Social Skill Modeling by Staff
- [ ] Medication Administration
- [x] Posting of Abuse Hotline
- [ ] Tool Inventory and Storage
- [ ] Toxic Item Inventory and Storage
- [ ] Discharge
- [ ] Treatment Team Meetings
- [ ] Youth Movement and Counts
- [ ] Staff Interactions with Youth
- [ ] Staff Supervision of Youth
- [ ] Facility and Grounds
- [ ] First Aid Kit(s)
- [ ] Group
- [ ] Meals

Comments

Items not marked were either not applicable or not available for review.
Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

The Thaise Educational and Exposure Tours launched a Facebook page featuring its mission purpose and service offerings. It also has posted pictures of past outings.

Standard 1: Management Accountability

Overview

Narrative

The Thaise Educational and Exposure Tours (TEET) St. Petersburg program is currently staffed by Teresa Clove, Executive Director; Barbara Burnett, Program Manager; Cara Dixon-Taliaferro, LMHC, Therapist; and Blondell Clove, Administrative Assistant.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. There were two case managers recently hired and one 5-year re-screenings for the review period.

The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. This occurs upon hire by the agency's Executive Director at all three (3) TEET locations. The TEET staff are trained to conduct screenings and assessment services to youth and families that meet the CINS/FINS criteria. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider has numerous partnership agreements throughout the local service area and conducts outreach to educate the community and market the program's services. The agency also attends DJJ Circuit Meetings.

1.01 Background Screening

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program has a policy which requires background screening to be completed prior to employment for all employees, contracted staff, volunteers, mentors, and interns which will have access to youth.

The program's procedures require the executive director to complete background screening on all employees, interns, and volunteers prior to offering them a position with the agency. The procedure requires this background screening to be completed through the Department of Juvenile Justice Background Screening Unit. Once a screening is returned with a rating of eligible, then and only then can the position be offered to the applicant.

The procedures also include instructions for five-year rescreening. The procedures indicate all employees, interns, mentors, and volunteers will be rescreened every five years after their employment. Their procedure requires this five-year rescreening to be submitted at least 2 to 6 months prior to their anniversary date.

Lastly, the policy has procedures which explain how they will complete and submit their Annual Affidavit of Compliance with Good Moral Character Standards form each year by January 31st. This is to be sent to the Department of Juvenile Justice Background Screening Unit. Once returned, this document is maintained in a file by the Executive Director.

The program has hired one new Master's level case manager and one Bachelor's level case manager who will begin working with them on January 5, 2017. Each of their background screenings were returned with a rating of eligible.

The program had one employee eligible for five-year rescreening this review period. A review of their personnel file found they had their five-year rescreening completed two months prior to their anniversary date.

The program completed their Annual Affidavit of Compliance with Level 2 Screening Standards on January 15, 2016. This was received and reviewed by the Department's Background Screening Unit on January 26,

2016, which meets the requirement.

There were no exceptions noted for this indicator.

1.02 Provision of an Abuse Free Environment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program has a policy which defines situations in which they will contact the Department of Children and Families to report any situations related to abuse or neglect.

The program's procedures indicate all clients have the right to call in an abuse report at any time. The procedures require them to post informational signs which advise and inform clients of their unhindered right to call the Abuse Registry.

The procedures give instructions for incident which occur while youth are in the program, and for those which occur in the home or community.

When an incident of abuse, or allegation of suspected abuse is made, this must be reported first to the Florida Abuse Hotline, and then to the Department of Juvenile Justice Central Communications Center.

In situations when abuse occurs in the home, only the Florida Abuse Hotline will be called. The procedures indicate that when a youth asks for help making a call, the staff will dial the number and allow the child to make their report. The procedures allow for the youth to make the call on their own or with staff. This decision is made at the client's discretion. Once a call has been made, staff will notify the supervisor, who will log the call.

The procedures also allow for reporting to be made to the Florida Abuse Hotline by way of fax. When this route of reporting is used, the report should include the following:

- **Name and address of parent(s) or guardian(s) or other person's responsible for the child's welfare**
- **Child's age, race, sex, and sibling(s) name(s)**
- **Nature and extent of abuse or neglect**
- **Identity of abuser, if known**
- **Reporters name address and telephone number, if desired**
- **Other information the reporter believes would be helpful in establishing the cause of injury or neglect**
- **Directions to the child's location at the time of the report**

Lastly, the policy requires the completion of an incident report whenever a client makes a call to the Abuse Registry.

A tour was conducted by the review team, and observations found they have postings which advise and inform clients of their rights to call the Florida Abuse Hotline. The program has a code of conduct in place which governs the behavior of its employees and volunteers. The guidelines prohibit profanity, vulgarity, sexual innuendos, obscene or inappropriate jokes, sharing intimate details of one's personal life, derogatory or offensive comments, and any kind of discrimination or harassment. A review of three staff personnel files found each included a code of conduct which was signed at their time of hire.

A review of four staff training files found each completed training on child abuse reporting. The program maintains a binder in which they will log all calls made to the Florida Abuse Hotline. A review of records and an interview with the program director, indicated no calls were made to the Florida Abuse Hotline during this reporting period.

The program has a policy which defines their discipline standards which would be followed in the event of incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force. An interview with the program director confirmed the program has not had any incidents this reporting period which would require them to take immediate action to address.

The program has a written policy and procedures for the grievance process. This policy includes instructions for how the program will resolve employee and youth grievances. The program does not have a grievance box. Their policy indicates the youth will hand any written grievances to the program director. They have not had any formal grievances submitted during this review period.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program has a policy to standardize incident reporting to ensure accuracy and detail.

The policy requires an incident report to be completed by staff whenever an event occurs which requires staff intervention to manage the incident. Examples listed in the policy are:

- **Medical injuries or conditions**
- **Physical danger issues, threats of violence to self or others, fights or altercations**
- **Possession of harmful, forbidden or dangerous items**
- **Property damage or theft**
- **Suspicious persons, criminal activity**
- **Runaways**
- **Suspicion of abuse/neglect/exploitation (at the program or while in their care)**
- **Death or other extraordinary circumstances**

Once an incident has occurred, staff are to fill out the incident reporting form as soon as things have settled down. This incident report form includes information about those involved, what type of incident occurred, identifying information of participants, and a brief description of the incident.

This information must be reported to the program director as soon as possible so they can determine if the incident was reportable. If the determination is made that the situation is reportable, then a report will be made to the appropriate authority (Central Communications Center, Florida Network, and/or the Florida Abuse Hotline) within 2 hours of the incident. Non-reportable incidents will also be documented in the incident report file and will be documented in the corresponding youth's progress notes.

The program maintains a binder which is in place to record all incidents which occur in the program. The binder has incident report logs which are filled out by the program director monthly to document any incidents which have occurred during the month. A review of the logs for this reporting period found no incidents have occurred during the past six months which would have required reporting to the Central Communications Center (CCC). The program has also not had any non-reportable incidents during this review period.

There were no exceptions noted for this indicator.

1.04 Training Requirements

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

At the time of this on site program review, the agency does have a specific policy that addresses Training Quality Improvement Indicator. The policy is called Development and Training. The policy addresses the agency's effort to deliver relative training programming topics and courses to all of its TEET personnel. The policy requires that each agency staff member participates in a staff preparation, supervision and training development process.

The agency is required on an annual basis to provide staff training opportunities to meet FNYFS contract training requirements. The current approach involves the agency providing appropriate and relative training topics and hours per the staff person's position. The training year is established to occur on each staff member's anniversary date of employment.

The agency's process involves an orientation on TEET agency expectations for each staff member hired. The course topics include the agency selecting from the Florida Network's training database/platform called KATNISS. The agency utilizes this as its primary source to receive training for its staff members.

Training topics include TEET Orientation; MHSA, Understanding Youth/Dev; Understanding Youth/Adolescents; Reporting Child Abuse and Child Protection; Suicide Intervention; Trauma Informed Care; CINS/FINS CORE; Case Management; Blood Borne Pathogens & Universal Precautions; HIV and Health Related Issues; Quality Improvement; Cultural Diversity; First Aid; Emergency Plan; Supervisory Training; PAT Training; JJIS; CPR; MTI; PREA; Confidentiality; Civil Rights, EEO, Sexual Harassment; Professionalism, Red Flag Behavior, Appropriate Youth and Staff; Crisis Intervention, Domestic Violence Respite; Ethics and Boundaries; Serving LGBTQ Youth; and Domestic Minor Sex Trafficking.

The agency has a training plan and calendar with training topics and events scheduled for staff members to receive training throughout the calendar year. The current plan lists the title of numerous courses; brief course description; date scheduled; location; training source; frequency required; training hours and date of completions. The training plan was submitted to the Florida Network in 2016.

A review of four (4) active staff member training files was conducted onsite. The agency had a designated individual training file for each staff person. The Executive Director completed 53 training hours last fiscal year 2015-2016. A review of the client training files indicated that all remaining staff members exceeded the required minimum of twenty-four (24) hours of the aforementioned training course/topics for the 2015-2016 training year. These staff members included the Program Manager, the Therapist and the Administrative Assistant. In addition, each staff member's file contained certificates of CPR and First Aid that were in effect. The Therapist's file also contained evidence of a Licensed Mental Heal Counselor (LMHC) certificate that is in effect through March 31, 2017.

There were no exceptions noted for this indicator.

1.05 Analyzing and Reporting Information

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program has a policy which defines how they will collect and review sources of information to identify patterns and trends.

The procedures states they will complete the following review of reports:

1. **Quarterly case record review reports.**
2. **Quarterly review of incidents, accidents, and grievances.**

3. **Quarterly review of customer satisfaction data.**
4. **Quarterly review of outcome data.**
5. **Monthly review of NETMIS data reports.**

This information will be used to identify strengths and weaknesses of the program. Information is communicated to staff and they are included in making improvements to the services provided to youth.

The program maintains a binder which includes reports that reflect the required reviews being conducted.

The reviewed documentation reflected the executive director leading a call with the program managers for the other two TEET locations to conduct a monthly review of their NETMIS data report.

They are also completing quarterly reviews on their case record reviews. They work together to examine their screenings and the referral process to see how they need to adjust their outreach within the community. At the same time, they review all incidents, accidents, and grievances which occurred during the quarter. The reviewed records, and an interview with the executive director, reflected no incidents, accidents, or grievances occurring during this review period.

The program held their annual meeting on July 26, 2016. During this meeting they reviewed customer satisfaction data, and their outcome data. The customer satisfaction information shared reflected the families were happy with the services provided and no complaints were made. The reviewed outcome data indicated the program was meeting all expectations; therefore, no improvements or corrective actions were needed.

The program also had documentation reflecting program information was reviewed with the Thaise Educational and Exposure Tours, Inc. Board on April 2, 2016. The Board also conducted a review of the program policies and procedures at that time.

There were no exceptions noted for this indicator.

1.06 Client Transportation

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

1.07 Outreach Services

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

At the time of this on-site program review, the St. Petersburg location has a general policy that addresses the agency's Outreach Services for this specific Quality Improvement Indicator. The policy is called Outreach Services. The policy addresses the agency's effort to utilize multiple opportunities to promote and market the services and programs offered by Thaise Educational and Exposure Tours of the St. Petersburg location.

The policy requires that each agency staff member participate in a broad array of specific methods in which to promote and educate the general community about the services that the St. Petersburg location offers. Specifically, the agency attends specific meetings including local area meetings with various boards, councils and community-based organizations.

The approach used requires staff preparation and knowledge of the general TEET agency. In addition, the agency requires that each staff member have knowledge of the Circuit 6 DJJ Advisory Board Meetings, local public, private and charter schools, system partners such as the Sheriff's office, and the local DCF office. The agency also has an approach to partner with local area mental health and substance abuse assessment and therapeutic counseling agencies. The agency has a special focus on developing partnerships with local and state colleges and universities. Staff must also identify key local events that

they can participate in and exhibit as well as educate and increase awareness about the agency's mission and target population.

A review of the agency's documentation of involvement and activities over the prior six (6) months was reviewed onsite. The Executive Director provided promotional materials that advertise the specific services offered by the agency. These materials consisted of brochures flyers and a picture photo album of recent tours completed by the agency.

The agency provided documented evidence of having TEET St. Petersburg representatives attending meetings by providing agendas and reports from the Circuit 6 DJJ Advisory Board; Pinellas County Juvenile Detention Alternatives Initiative (JDAI); Citizens Academy; Project Alpha; Enoch Davis Community Center; and Friends of James Weldon Johnson Community.

The agency also provided meeting attendance at the Circuit 6 DJJ Advisory Board, Pinellas County Juvenile Welfare Board, St. Petersburg College, University of South Florida – St. Petersburg, Eckerd Kids, and the Habitual Offender Monitoring Enforcement Program. Evidence of outings with clients were provided detailing local events such as ROAR, Fantastic Friday and Oktober Fest 2016. The agency also provided partnership information with local schools such as client referral list from local high and middle schools including Boca Ciega; St. Petersburg; Azalea Middle; Baypoint Middle; Dixie Hollins; Lakewood; and Gibbs. The agency also completed onsite college tours at Florida Polytechnical University.

There were no exceptions noted for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Thaise Educational and Exposure Tours St. Pete location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Pinellas County. They target at-risk youth from ages 6-17 who may be exhibiting behavioral and academic issues and provides centralized screening and intake services during regular business hours. The program accepts referrals from established referral partners and local elementary, middle and high schools. The agency also receives referrals from youth, parents/guardians, and local community-based organizations. The agency trains all staff members to screen for presenting problems, current risk and CINS/FINS eligibility criteria to determine the needs of the family and youth. The agency has screening, intake and assessment components to address a various array of issues presented by youth and their families. The Program Manager and Therapist are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

THAISE provides college tours within Florida at least (3) times a year to expose the youth to possible college/university choices. Once a month, they provide an enrichment opportunity where a professional guest speaker will share their story or focus on a specific topic i.e. life skills, anger management, or substance use prevention.

2.01 Screening and Intake

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator. The policy manual was last updated 4/2/16 and was signed by the director and the THAISE Board Members.

The provider's procedure indicates that the screenings are to be completed face-to-face or by telephone. Once the client is determined to be eligible, an intake is completed with the client and parent/guardian.

This writer reviewed six (6) files, two (2) closed and four (4) active, which met the criteria of having the screenings completed within 7 calendar days of the referral by a trained staff member using the NETMIS screening form. All files reflected that the family received the following documentation:

1. **Available service options;**
2. **Rights and responsibilities of youth and parent/guardians;**
3. **Grievance procedures;**
4. **Privacy procedures.**

There were no exceptions noted for this indicator.

2.02 Needs Assessment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator.

The policy indicates that the needs assessment should be completed within two to three face-to-face contacts or updated if most recent needs assessment is over six months old. The needs assessment is to be completed by a Bachelor's or Master's level staff and include a supervisor review signature upon completion. If a youth is identified as having a suicide risk factor, an assessment for suicide risk is conducted by or under the direct supervision of a licensed mental health professional.

This writer reviewed a total of six (6) non-residential files, four (4) active and two (2) closed. Each needs assessment was completed face-to-face with the family to provide demographic, presenting problems, substance abuse history, and other information used to formulate the treatment plan. The needs assessment reflected that they were completed within 2-3 face-to-face visits. The counselor's credentials reflected if they were a Master's or Bachelor's level staff member and the supervisor signed to reflect their review. None of the youth were identified as having a suicide risk, therefore, further assessment was not completed.

There were no exceptions noted for this indicator.

2.03 Case/Service Plan

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator.

The case/service plan formulated by the counselor is to include information gathered from the initial screening, intake and assessment. The individualized and prioritized need(s) and goal(s) are to be identified on the needs assessment. The case/service plan includes the following:

1. **Identified need(s) and goal(s)**
2. **Type, frequency, and location of service(s)**
3. **Person(s) responsible**
4. **Target date(s) for completion**
5. **Actual completion date(s)**
6. **Signature of youth, parent/guardian, counselor, and supervisor; and**
7. **Date the plan was initiated.**

This writer reviewed a total of six (6) non-residential files, four (4) active and two (2) closed. All files reviewed demonstrated a case/service plan was developed within seven (7) working days following completion of the needs assessment. All files indicated the case/service plan goals were individualized and prioritized need(s) and goal(s) identified by the needs assessment. All files indicated the service type (i.e. individual or family services), frequency (i.e. once/week for 12 weeks), and location (i.e. home, school, community, and/or office).

All files reviewed reflected the person(s) responsible (i.e. client, family, and/or counselor), target date(s) for completion, and actual completion date(s) which were documented in the closed files. All files included signatures of the youth, parent/guardian, counselor, and supervisor, as well as a plan initiation date.

All files reviewed reflected 30, 60, and 90 day reviews and client progress was documented in the notes. For two (2) of the files, the day of the review was missing on the 30 day review (the month and year was included) and was shared with the director. There were two (2) typographical errors shared with the director reflecting the year "2015" instead of "2016".

There were no exceptions noted for this indicator.

2.04 Case Management and Service Delivery

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator.

The agency's procedure includes each youth having an assigned counselor/case manager who will follow the client's case and provide the delivery of services through direct provision or referral.

At the intake, the client, parent/guardian, and staff member signs a "Consent for Services and Treatment" which documents the services and treatment the agency is consented to provide, including case management services. For the six (6) files reviewed, a counselor/case manager was assigned to the case. The case/service plan reflected the 3rd goal focusing on case management services, as needed. Four of the six files reviewed reflected a referral to additional services. The progress notes documented coordination of services, monitoring the youth's/family's progress in services, providing support for the families, and continued case monitoring.

The two closed cases included a closing/discharge summary that included the closing status, summary of services, and impact of services on the client/family and goal(s) outcome(s). The counselor, client, parent/guardian, and supervisor signed the closing/discharge summary once completed.

None of the files indicated that a referral was made to a case staffing committee (onsite case staffing policy was reviewed by this writer and discussed with director) or accompanying youth and parent/guardian to court hearings and related appointments. Referrals to additional services were reflected in the files, as appropriate. The 30 and 60 day follow-ups were completed for the two closed files, indicating that follow-ups were completed by the agency.

There were no exceptions noted for this indicator.

2.05 Counseling Services

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator.

The procedure outlined by the agency includes all clients receiving individual, family and/or group counseling as well as case management services, if needed.

There were six (6) files reviewed, four (4) active and two (2) closed. The non-residential files reflected that the youth and families did receive counseling services in accordance with the case/service plan. The youth and families were provided individual/family counseling. In four (4) of the files, the progress notes indicated group outings and one file documented the client attending the agency's monthly enrichment group session at their site. The clients' presenting problems were addressed in the needs assessments, initial case/service plans, case/service plan reviews, and case notes that documented any challenges and/or progress. An on-going internal process was noted as evidenced by the supervisor reviewing the file (documented in the progress notes). A "File Checklist" documents that the counselor and supervisor confirms that the 30, 60, and 90 day reviews are completed and other required documents are in the file.

There were no exceptions noted for this indicator.

2.06 Adjudication/Petitiion Process

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the indicator.

The case staffing petition is available when there is a need of services or treatment if:

1. **The youth/family is not in agreement with the services/treatment;**
2. **The youth/family will not participate in the services selected; or**
3. **The program receives a written request from the parent/guardian or any other member of the committee.**

The agency case manager or staff member will work with the circuit court for judicial intervention for the youth or family, as recommended by the case staffing committee, in accordance with the CINS/FINS policies and procedures.

Of the six (6) files reviewed, four (4) active and two (2) closed, none of the clients were referred to the case staffing committee. However, the director indicated that the case staffing committees are held at the Family Resource Center in Pinellas County, and clients can be referred, as needed and appropriate.

There were no exceptions noted for this indicator.

2.07 Youth Records

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

At the time of this onsite program review, the agency does have a specific policy that addresses Youth Records Quality Improvement indicator. The policy is called Youth Records. In addition, there are related policies that address Confidentiality of Records. This policy is called Confidential Records.

The policy requires the agency to create a client file with all records specific to that client and family. The policy also requires that all client records be kept safe and locked in an area such as a cabinet.

The agency's procedure for Youth Records requires that all client records be kept Confidential and secured in a room and locked in a file cabinet that is marked confidential and accessible to the program's staff. The files are transported in a locked, opaque container that is also marked confidential. The procedure also calls for each client file to be organized in an orderly manner for ease of access to the file and its contents.

The reviewer of this indicator and other review team members assessed a total of ten (10) client files to determine the agency's Youth Records policy. The agency has all client files organized in 3-Ring plastic binders. Each client is divided into 2 sections listed as a left and right side respectively.

The File Checklist sheet is located on the Left Side and includes a Screening Form; Consent to Services; Confidential Release; Suicide Assessment; Suicide Probability Scale; SPS Score Level of Risk; Psycho-Social; Service Plan; NETMIS; Initial Staffing; Case Staffing; Petition; and Plan Reviews. The TEET Face

Sheet is located on the Right Side File Checklist that includes Closing/Discharge Summary; Treatment/Service Plan; Goal/Objective Form; Screening Form; CINS/FINS Intake Assessment Form; Intake Info; Demographic; Issues; ATOD; FAM; Psychosocial; Florida Prevention Assessment; NETMIS; Services; and Service Satisfaction Questionnaire.

There were no exceptions noted for this indicator.

Standard 3: Shelter Care

Overview

Rating Narrative

3.01 Shelter Envonment

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.02 Program Orientation

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.03 Youth Room Assignment

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.04 Log Books

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.05 Behavior Management Strategies

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.06 Staffing and Youth Supervision

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.07 Special Populations

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

3.08 Video Surveillance System

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

4.01 Healthcare Admission Screening

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

4.02 Suicide Prevention

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

4.03 Medications

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

4.04 Medical/Mental Health Alert Process

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

4.05 Episodic/Emergency Care

☐ Satisfactory ☐ Limited ☐ Failed

Rating Narrative