



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-Orlando

on 03/15/2017

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/Petition 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/FNYFS

Tamara Mahl-Adkins/Regional Monitor/Department of Juvenile Justice Quality Improvement

Venus Highsmith, Director of Youth Services, Nehemiah Educational & Economic Development, Inc. (NEED, Inc.)

Persons Interviewed

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 2 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 1 Program Supervisors | 0 Food Service Personnel | 0 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 4 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 4 Direct Care Staff

Observations During Review

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" 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 and Storage | <input checked="" 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 type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

Thaise Educational and Exposure Tours (TEET) Orlando is a Children in Need of Services (CINS) & Families in Need of Services (FINS) program that works with At-Risk Youth and their families in Orange County to keep youth in their homes, in school, off the streets, and out of jail. This is achieved through educational exposure tours that empower, educate, and motivate youth to attend college as well as counseling and case management. TEET Orlando provides services to youth ages 6 to 17 that primarily live in Orange County, Florida. TEET has over ninety percent (90%) success rate in changing the lives of troubled youth, thereby saving tax payers thousands of dollars a month.

Standard 1: Management Accountability

Overview

Narrative

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.

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. It is accomplished 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 policy specifies that the background screening for employees is to be completed prior to becoming employed with the agency, and includes all employees, contracted staff, volunteers, mentors, and interns that will have access to the youth. The policy was reviewed and signed off by the Executive Director and Board of Directors on April 2, 2016.

The program's procedure specifies that the Executive Director and/or Program Manager must request, for all applicants, whether they are to become employees, volunteers, and/or interns to have a background screening completed prior to offering them the position. The background screening must be conducted by the Department of Juvenile Justice background screening unit. Only if the recipient is deemed eligible can the position be offered to the applicant.

The employees, volunteers, mentors, and/or interns are required to be re-screened every five (5) years of employment. The employee needs to be re-screened at least five (5) to six (6) months prior to their anniversary date. The Executive Director must complete an Annual Affidavit of Compliance with Good Moral Character Standards form by January 31st of each year and the form is to be sent to the Department of Juvenile Justice Background Screening Unit. When returned it is to be kept in a file in the Executive Director or Program Manager's office.

In reviewing four (4) staff files, it is documented that the background screening was conducted prior to the hiring date. Only one (1) of four (4) employees was eligible for the re-screening and that was completed within five (5) months prior to the five (5) year anniversary date. The Program Manager provided the Annual Affidavit of Compliance with Good Moral Character Standard form, which is kept in a folder at the Program Manager's office. The form was completed on January 14, 2017, which is prior to the deadline of the 31st of January.

No exceptions were noted for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The TEET (Thaise Educational and Exposure Tours) Inc., provides a formal complaint resolution procedure for employees to utilize. The policy also addresses the provision of a grievance process for youth.

The procedure for provision of an abuse free environment captures many different sections and steps.

It allows for an informal and non-intimidating meeting with the results documented on the grievance resolution form. The client/staff member/family, as well as any other pertinent parties, are invited to participate in a meeting to come to an agreement as to the resolution of the problem. In regards to client services, the best interest of the child is the focus.

Section B of the policy is the reporting section that indicates the client/family/interested party will complete a client grievance resolution form that should be completed when the verbal interaction did not resolve the issue. The content of the grievance meetings is recorded on the client grievance resolution form. The form is transmitted to the director within two (2) business days of the conclusion. A copy of the final recording is provided to the person served and to the director, and the original is placed in the file.

The program had no grievances to report in the time period reviewed. During interviews conducted with staff it is clear what the process is for staff to file a grievance and what the steps are in the process. Clients review the grievance process during the initial contact with the client and family and sign off on having received the procedure. The grievance process form clearly defines what the grievance process includes at each step of the progression.

In reviewing the policy, it should be noted that it only mentions the employee, not the client concerning filing a grievance. When reviewing the procedure, it first mentions the employee only and lacks a clear understanding of the different steps, especially when it starts including the client. The grievance process that is provided to the client outlines the procedure more clearly.

No exceptions were noted for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The policy was reviewed during the onsite visit. The agency's policy establishes that the Central Communications Center (CCC) is contacted as soon as possible, but no later than two (2) hours after any reportable incident occurs, or within two (2) hours of the program learning of the incident. The purpose of the CCC is to provide a service to DJJ and CINS/FINS providers to assist in maintaining a safe environment for the treatment, care and provision of services to youth. The CCC activities are conducted 24 hours a day, 7 days a week. The telephone number for the CCC is 1-800-355-2280.

The TEET (Thaise Educational and Exposure Tours), Inc. incident reporting policy, procedure and practice document complies with DJJ's policy on incident reporting. TEET, Inc. utilizes the OIG incident reporting form. Incidents are documented in program logs as well as on incident reporting forms. All incident reports are reviewed and signed by the Director. The policy was reviewed and signed off by the Executive Director and Board of Directors on April 2, 2016.

The program has a procedure that includes the DJJ policy. TEET, Inc. reports any incident that occurs while servicing the youth and their family. The procedure states the various incidents that should be called into the CCC, like program disruption, medical, mental health and substance abuse, complaints against staff, and youth behavior. The procedure establishes that an incident report form is to be produced in the administrative offices and is reviewed by the Executive Director. The incident report form is to be placed in

an area accessible by all staff and staff should be trained in their use. The incident forms should be completed whenever an event occurs that requires staff intervention to manage the incident.

The preferred procedure is to have the staff member who is aware of the situation to complete the report form. The procedure has a list of examples but also mentions that the list is not all-inclusive and that judgement and common sense decisions on safety should be conducted and when in doubt to report the incident. The incident form is to be completed as soon as any urgency has been handled and incidents that include outside interventions, such as EMS/ambulance, police or that which requires the victim to seek outside medical help should be reported to the Executive Director as soon as the incident has been handled.

The incident reporting form should include specific information about the victim as indicated on the form, such as name, address, phone number, and date of birth. It is specified as to the important information that needs to be documented when completing the form. The information is to be reported to the chain of command at their location and that communication is the key. It is noted that if necessary to the circumstances that staff should prepare a written, dated and signed statement relating to the event witnessed or if they intervened.

In reviewing the DJJ CCC database the program did not have any reportable incident for this review period.

During a review of the training files, the initial employee orientation includes a training concerning reporting of child abuse, learning the signs and symptoms of child abuse, as well as incident reporting. Each employee also completes a refresher course every two (2) years on the subject.

During interviews conducted with the program manager it was established that the employees know the procedure and are aware of which incidents would be reportable, who they have to contact, as well as what forms to fill out and where they are located.

The CCC and child abuse hotline information are clearly posted in the front lobby of the program.

No exceptions were noted for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

Thaise's training policy is called Development and Training. The training policy provides training that is based on the foundational skills relative to the Case Manager or Program Manager role and all job duties. The policy was last reviewed and updated on April 2, 2016 by the agency's Executive Director and Executive Board.

The policy includes a detailed section on Procedure. The TEET agency's procedure section is comprised of A. Staff Development Principles; B. On-going Staff Development; and C. Social Services Training; D. Process; and E. Confidentiality of Information. All staff members are required to complete training for a total of eighty (80) hours before the close of their first year of employment. Following one full year of employment, the agency is required to complete a total of twenty-four (24) hours of training on all subsequent training years.

All training hours are monitored by the agency's Program Director to ensure that all staff members stay current and up-to-date on the total amount of hours required to be completed prior to their anniversary date. Trainings are delivered through live instructors and online. The primary online training sources are the Florida Network of Youth and Family Service's training platform and the Department of Juvenile Justice's (DJJ) Skill Pro training platform.

The agency has a training plan that is developed on an annual basis. The agency training plan encompasses a broad array of training topics offered over the course of the year. The training plan is currently comprised of a training matrix with the categories of Course Title, Description, Date Scheduled, Location, Provided by (Organization), Frequency Required, Training Hours and Completed. The training plan is submitted to the Florida Network of Youth and Family Services Training Director on an annual basis. The agency has training topics that include Mental Health and Substance Abuse, Understanding Youth/Adolescent Development, Reporting Child Abuse, Suicide Prevention, Trauma Informed Care, CINS/FINS Training Case Management, Blood Borne Pathogens and Universal Precautions, HIV and Health Related Issues, Quality Improvement, TEET Orientation, Cultural Competency, First Aid, Fire Safety Equipment, Supervisory Training, Prevention Assessment Tool, CPR, Prison Rape Elimination Act, Information Security, Confidentiality, Ethics, Professionalism, JJIS, Domestic Violence Respite, Motivational Interviewing, LGBTQ, Quality Improvement Committee, FNYFS Recharge, and the FNFYS Clinician's Training.

The reviewer assessed all five (5) TEET Orlando staff members training records to determine their annual adherence to the minimum number of hours required to meet this indicator. The agency has a very basic individual training file for all 5 TEET Orlando employees. The contents of the file contained a general training matrix listing general topics and trainings. Specifically, the training matrix contained categories that include Course Title, Description, Date Scheduled, Location, Provided by (Organization), Frequency Required, Training Hours, Completed. Other contents in the training files include evidence of trainings completed in the form of certificates of achievement, certification cards, certificates of completed printed from online trainings completed by each staff member.

The agency had a designated individual training file for each staff person. Specifically, the Executive Director completed 53 training hours last fiscal year 2015-2016. Courses completed includes FNYFS EAR Meetings, FNYFS Quality Improvement Meetings; FNYFS QI Peer Review Training; 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; and Professionalism.

The Program Manager completed sixty-two (62) training hours last fiscal year 2015-2016. The official training record of documented completed courses includes Blood Borne Pathogens-and Universal Precautions-2, Quality Improvement meetings-24 (08/2016 and 12/2015), Cultural Competency-4, First Aid-2, Emergency Plan-4, CPR-2, FNYFS Recharge-12, Why Try Level 2 Training-12.

The Case Manager completed a total of thirty-eight (38) training hours last fiscal year 2015-2016-- Blood Borne Pathogens-and Universal Precautions-2, Cultural Competency-4, First Aid-2, Emergency Plan-4, CPR-2, FNYFS Recharge-12, Why Try Level 1 Training-12 and Why Try Level 2 Training-12.

The Data Clerk completed twenty-six (26) training hours last fiscal year 2015-2016. The official training record of documented completed courses includes Blood Borne Pathogens-and Universal Precautions-2, Quality Improvement meeting-24 (08/2016), Cultural Competency-4, First Aid-2, Emergency Plan-4, and CPR-2.

Another on-staff Case Manager completed seventy-eight and a half (78.50) training hours since her date of hire. Mental Health Substance Abuse-3, Suicide Prevention-3, Case Management-3, FNYFS Recharge -12, (02/2017), TEET Orientation-24, Cultural Competency-4, Emergency Plan-4, CPR-2, PREA-2, JJIS-3.5, Domestic Violence-3, LGBTQ-2, Prevention Assessment Tool, Motivational Interviewing Tool, and Domestic Minor Sex Trafficking-3.

One (1) out of five (5) files reviewed on site during the Quality Improvement review was hired by the agency in May 2016. This staff member is completing online training courses provided by the Florida Network of Youth and Family Services. Specifically, this staff member started her contract engagement with the TEET organization in Jacksonville, Florida in May of 2016 and relocated to Orlando, Florida in January of 2017 and maintained her contract status as a Case Manager.

Exception:

The agency's current policy does not reference a major training requirement change that requires that all staff hired after July 1, 2016 must complete certain courses within 120 days of the date of hire. This change was not found in the agency's current Training Policy. The policy reviewed onsite was last reviewed by the Executive Director and TEET Board of Directors on April 2, 2016.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy on Analyzing and Reporting Information that meets the general requirements of this indicator. The policy is called Analyzing and Reporting. The Thaise Educational and Exposure Tours analyzing and reporting policy was last reviewed and updated on April 2, 2016 by the agency's Executive Director and the Executive Board.

The current process includes measures of information collection that occur on a monthly basis. The TEET Orlando location submitted a monthly data review report. The monthly review also involves reviews of the individual client cases. The agency reviews screenings, intakes, assessments, service plans, and case status reports, as well as incidents, accidents, and grievances.

The agency conducts monthly reviews of its FL Network monthly data extracts and monthly outcome data. The agency also reviews utilizing the FL Network Report Cards. Further, the CINS/FINS Program staff also obtains client satisfaction surveys at discharge and enters this information in the FL Network Management Information Systems. The agency convenes staff on a bi-weekly basis to review accuracy and completion of client case records and service delivery trends and major developments. The agency's Executive Director and Program Managers at each site leads this process. However, each TEET non-residential site's Program Manager is primarily responsible for reviewing specific client files, meetings, grievances and incidents.

All program sites and each Program Manager conducts fire drills and submits all recommendations to the Executive Director on a monthly basis. This practice is duplicated across all 3 TEET non-residential program sites. The review of the Knowledge Portal of Pyxis Med-Station Reports is not applicable for non-residential programs.

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

The agency policy states that the Thaise program will offer prevention and outreach services to the members of the community they serve. Outreach and prevention services include increasing community awareness and offering informational and educational CINS/FINS services to youth and families which can be related to different topics. This policy is established to increase the public's awareness of the needs of troubled youth at risk of running away, being habitually truant or being beyond the control of their

parent/guardian. The policy was reviewed and signed off by the Executive Director and Board of Directors on April 2, 2016.

Thaise program staff coordinates and provides outreach services to community audiences, individuals, and groups with a particular customer focus and this information will be provided through group presentations, individual meetings, group discussions, short-term intervention groups, display/set-up and distribution of materials to various entities to include but are not limited to youth, parents, school, law enforcement, local Department of Juvenile Justice, government offices, elected officials, general public. Further outreach services may include establishing and training Safe Place business that help children on the street and in crisis, brochures for families, the Florida Network website which has links for youth and family topics of interest and ways to get help, community fundraisers and developing working relationships and inter local provider agreements with referral and service entities.

The Program Manager, who is the designee, provided meeting minutes for the Circuit 9 Juvenile Justice Circuit Advisory Board from November 9, 2016 and January 11, 2017 in which she participated. The program also keeps forms for their outreach services that provides the information as to whom the service was provided to, the purpose of the service, the event type, the topics discussed, the location, if applicable the school type, the method of the service, the audience information, the staff that completed the services, the location and the duration of the event.

Five (5) random dates were reviewed. On December 10, 2016 the Case Manager was delivering an informational event concerning material about the Thaise program in a middle school during a group discussion. On January 11, 2017 the Program Manager delivered an individual presentation for general information purposes concerning the Thaise program to a social service agency. On February 2, 2017 the Program Manager provided a general informational group session to a college concerning the Thaise program. On February 9, 2017 the Case Manager provided an individual information session to a program coordinator of another service provider. On February 14, 2017 the Case Manager provided an individual information session to a program coordinator of another service provider. The provider service agreement does not specify the referral process between Thaise and the other provider.

No exceptions were noted for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Thaise Educational and Exposure Tours Orlando location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Orange County. The program 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 an array of issues presented by youth and their families. The agency conducts follow-up status checks on each former client after their discharge.

The TEET CINS/FINS program consists of an Executive Director, Program Manager, Case Manager and an Administrative Specialist. Designated staff members are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

Case staffings are not conducted often by the agency. If required, the Case Staffing Committee (a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians) would be dispatched. No case staffing requests were made in the past year by staff or parent/guardian.

During the QI review, seven (7) client files were reviewed (4 open and 3 closed) to determine the agency's adherence to QI CINS/FINS Standards.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has several combined written policies that addresses all of the key elements of the indicator. The policy manual was last reviewed on April 2, 2016 and signed by the Board of Directors and Executive Director.

The provider's procedure requires centralized intake services that include screening for eligibility, crisis counseling and information and referral. The time-frame from screening/referral to service delivery should be no more than seven days. Youth receive in writing, during intake, in CINS/FINS handbook and program brochure: available service options; the rights and responsibility of youth and parents/guardians; Possible actions occurring through involvement with CINS/FINS services (i.e., case staffing committee, CINS petition, CINS adjudication); and grievance procedures.

In practice, referral forms are used only for outside referrals. If referrals come from the school where case manager is present, case manager will conduct screening/contact without a referral. The Program Director advised that if during screening and intake process, a child answers Yes to either of questions 1-6 for Risk Screening of Substance Abuse, they are referred to an appropriate provider for services. They do not serve kids in their program with suicide and substance issues as they do not have staff certified to do so.

A total of four (4) open case files and three (3) closed case files were reviewed. All files demonstrated eligibility screening occurred within seven (7) calendar days of referrals and youth and parents/guardians received in writing all of the required information (i.e., available service options, rights and responsibilities of youth and parents/guardians, parent/guardian brochure, possible actions and

grievance 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 needs assessment indicator. The policy manual was last reviewed April 2, 2016 and signed by the Board of Directors and Executive Director.

The provider's procedure requires a needs assessment to be initiated or attempted within 72 hours of admission (or updated if most recent needs assessment is over six months old) or for it to be completed within two to three face-to-face contacts following the initial intake.

In practice, the Case Manager completes a summary of impressions after completing the needs assessment. The it is signed off by the supervisor. In addition to the needs assessment, program uses additional assessments including the Florida PAT and the ATOD assessment. The reviewer observed that case managers were signing in places on needs assessment where term clinician was being used.

A total of four (4) open case files and three (3) closed case files were reviewed. All files demonstrated needs assessments were initiated and completed during the first visit, well within 72 hours of admission. No needs assessments required an update as none were over six months old.

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 case/service plan indicator. The policy manual was last reviewed on April 2, 2016 and signed by the Board of Directors and Executive Director.

The provider's procedure requires the service plan to be developed using the information gathered during the initial screening, intake and assessment and must include

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

In practice, service plans are completed within seven (7) working days following the completion of the assessment. The plan developed contains all of the required elements listed above. Service plans are reviewed by the counselor and parent/guardian (when available) every 30 days for progress in achieving goals, and making any necessary revisions to the service plan, if indicated.

A total of seven (7) cases, four (4) open case files and three (3) closed case files were reviewed. All files

demonstrated goals varied for each child, according to the needs identified; 30 day reviews were completed on time; on closed files, most goals were completed before the target date.

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 case management and service delivery indicator. The policy manual was last updated on April 2, 2016 and signed by the Board of Directors and Executive Director.

The provider's procedure requires each youth to be assigned to a case manager who will follow the youth's case and ensure delivery of services through direct provision or referral to include:

1. Establishing referral needs and coordinating referrals based on on-going assessments of the youth's/family's problems and needs;
2. Coordinating service pal implementation;
3. Monitoring youth's/family's progress;
4. Providing support for families;
5. Monitoring out-of-home placement, if necessary;
6. Referrals o the cases staffing committee, as needed;
7. Recommending and pursuing judicial intervention in selected cases;
8. Accompanying youth and parent/guardian to court hearing and related appointments, if applicable;
9. Referral to additional services, if needed;
10. Continued case monitoring and review of court cases; and
11. Case termination and follow-up.

A total of seven (7) cases, four (4) open case files and three (3) closed case files were reviewed. In practice, case notes detail services provided, meetings with youth and parent/guardian, support to parent/guardian, and weekly visits (home and school). The Program Director stated there probably would not be any referrals to outside agencies in youth files because their case managers provide the mentoring and tutoring services. As stated previously, they do not accept kids with Mental Health and Substance Abuse issues, those kids are referred to Deveraux or Aspire agencies. Files contain documentation of tutoring, groups, mentoring, coaching weekly visits. By observation, the space on the termination form for youth and parent/guardian signatures is blank on all three closed files reviewed.

Exception:

In three closed files, there are no signatures for the youth and parent/guardian on the termination forms.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency does not provide counseling services so there is no policy that specifically addresses counseling. However, there is a policy that addresses Mental Health. The policy manual was last updated April 2, 2016, and signed by the Board of Directors and Executive Director.

The provider's procedure on Mental Health requires screening of each youth's risk to be conducted during initial intake in one or more of the following ways:

- Complete the Suicide Assessment
- Complete the Needs Assessment
- Complete the Intake Assessment
- Complete the Issues Assessment
- Complete the Standard Behavior Health Screening Form
- Answer the Case Manager's/Counselor's Check list in regards to their mental health;
- Have a mental health evaluation through outside agency or through the local hospital;
- If the youth screening indicated a need for short or long term mental health services, then the youth will be referred to an outside agency for an evaluation for services and treatment.

In practice, the program has the capability to provide coaching, mentoring, tutoring and groups. However, the program does not provide clinician-based counseling. When child presents a need for clinical services, the program refers child to Deveraux or Aspire for counseling.

A total of seven (7) cases, four (4) open case files and three (3) closed case files were reviewed. All files demonstrated counseling services were not applicable and on-going internal process ensures that the Executive Director reviews case files and staff performance.

There were no exceptions noted for this indicator.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy on Adjudication/Petition Process. The current policy meets the requirements of this indicator. The agency Adjudication/Petition Process policy was last reviewed by the Executive Director and Board of Directors and signed as approved on April 2, 2016. The current policy covers measures that include case staffing definition, case staff plan components, case staff committee make up, and case staffing committee timelines, case staffing committee plan revisions and overall goals/outcomes.

Thaise – Orlando requires a process to review and revise difficult cases and the service options being offered. The agency must have a process that is prepared and ready to review the services offered if the youth and family are not in agreement with or not willing to participate in services or treatment. The agency must have a process that allows it to convene a staff with required parties in seven (7) days and accommodate an appropriate time and location that is reasonable and convenient with the family's ability to participate.

The agency's case managers coordinates as the agency's primary point of contact to manage all time sensitive meetings and paperwork. In addition the agency's case manager will act as the primary contact and be responsible for the verbal and/or written communication from the agency to and from the family. This information is to document in the client's permanent case file.

The agency has no actual examples of cases during this review period to assess their adherence and performance related to this indicator.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency does have a specific policy that addresses the Youth Records Quality Improvement Indicator, "Youth Records". There are also relating policies that address Confidentiality of Records. This policy is call 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 area such as a cabinet. All policies are reviewed on an annual basis. The policy was last reviewed by the Executive Director and the Executive Board on April 2, 2016.

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, non-see-through container that is also marked confidential. The procedure also calls for each client file to be stamped confidential and organized in an orderly manner for ease of access to the file contents.

The reviewer of this indicator and other review team members assessed a total of seven (7) 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.

The agency has one (1) locking binder case that is used when counselors use files out of the office for home and school sessions.

There were no exceptions noted for this indicator.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Shelter Environment

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](#)