



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

Review of Thaise Education and Exposure Tours-Jacksonville

on 02/21/2018

## 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	Limited
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
Percent of indicators rated Satisfactory:85.71%	
Percent of indicators rated Limited:14.29%	
Percent of indicators rated Failed:0.00%	

Percent of indicators rated Satisfactory:92.31%  
 Percent of indicators rated Limited:7.69%  
 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

Cecelia A Stalnaker-Cauwenberghs, LMHC; Director of Program Services; Youth Crisis Center, Inc.

Travis Scott, MSW; Residential Counselor; CDS Family and Behavioral Health Services

**Persons Interviewed**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer    |
| <input type="checkbox"/> Chief Financial Officer            | <input checked="" 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                              |  |   |
| 1 Case Managers   | 0 Maintenance Personnel                                | 0 Clinical Staff                                    |
| 1 Program Supervisors                                       | 0 Food Service Personnel                               | 1 Other   |
| 0 Health Care Staff   |  |   |

**Documents Reviewed**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Fire Prevention Plan      | <input checked="" 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 type="checkbox"/> Contract Monitoring Reports                  | <input checked="" type="checkbox"/> Table of Organization     | 4 # Personnel Records  |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs       | 4 # Training Records   |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                    | 4 # Youth Records (Closed)                                     |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> Telephone Logs                       | 4 # Youth Records (Open)                                       |
| <input checked="" type="checkbox"/> Exposure Control Plan             | <input type="checkbox"/> Supplemental Contracts               | 0 # Other  |

**Surveys**

0 Youth                      2 Direct Care Staff

**Observations During Review**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Intake              | <input 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

The Thaise Educational and Exposure Tour (TEET) is a community-based non-residential service provider contracted with the Florida Network of Youth and Family Services to provide Children In Need of Services / Families In Need of Services. The agency primarily delivers services to the Jacksonville metropolitan area. The TEET Jacksonville Program has been in operation since 2014. Since the last quality improvement visit, Thaise experienced many successes.

The successes include:

-All youth successfully completed the program.

-Yearly standard of intakes for the year of 120 youth intakes was met.

-Thaise successfully exposed youth in District 4 to ten trips this year. Youth attended UNF, BCU, UF, Youth Job Fair at the Main Library, Jumbo Shrimps Baseball Game, FAMU, FSU, HBCU fair at the Potters House, Savannah State University, Savannah College of Design, UCF, and the FRRC rally on the Hill.

-An average of 2 enrichment classes per month from ARISE classes to scholarship classes to Reformation Classes to poetry creative writing classes were conducted.

## Standard 1: Management Accountability

### Overview

#### Narrative

Level 2 background screening is mandatory for employees and volunteers and is completed before staff members have direct access to client information and/or youth. The agency's policy also includes 5-year re-screenings for staff every 5-year anniversary from the original date of hire. There were no applicable 5-year re-screenings for the review period. However, the program did conduct background screenings for one new employee.

Program orientation and training is an essential component of Thaise reaching its goals of reducing or eliminating high school dropout, teen pregnancy, drug and alcohol abuse, tobacco use, juvenile crime and sexually transmitted diseases. Therefore, training is conducted upon hire by the agency's Executive Director and online Katniss program. Training requirements are currently being met at the Jacksonville site in congruence to Florida Network CINS/FINS standards.

### 1.01 Background Screening

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a policy on background screening. The current policy is called Background Screening policy. The policy requires that all agencies conduct background screening measures that ensure that background screening measures are completed on all employees, contracted staff members, volunteers, interns, mentors employed by, working or collaborating with the agency. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017.

The agency has procedures in place to prevent harm to clients that are participating in Thaise Programs. The procedures require that the agency complete and received an eligible rating for all staff, employees, volunteers, mentors, prior to them being hired or appointed by the agency. The procedures also require that the agency complete a rescreening every 5 years of employment or contract period. Further, the agency must also complete and submit the Annual Affidavit of Compliance with Good Moral Character Standards to the Florida Department of Juvenile Justice Background Screening Unit by January 31st of each year.

The agency provided personnel files for employees and contracted staff members. The agency has a total of four (4) team members. The agency has 2 case managers, an administrative and data entry staff member and an executive director. All 4 staff members have evidence of a completed background screening with favorable Eligible ratings documented for all staff. At the time of this onsite program review, there were no staff members that had a 5 year background screening that was due. The agency submitted evidence of a completed Annual Affidavit of Compliance with Good Moral Character Standards to the Florida Department of Juvenile Justice Background Screening Unit by January 31 of the year.

No exceptions are noted for this indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a detailed policy that lists the measures and process taken by the agency to meet the requirements of the Provision of An Abuse Free Environment Indicator. The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.02. The provider has a policy that includes the employee handbook; Code of Conduct; Abuse Reporting; Grievances and Incident Reporting. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017.

The agency requires staff to complete training on Child Abuse reporting to the appropriate reporting entities. The agency requires staff obtain knowledge of or has reasonable cause to suspect child abuse, neglect or abandonment to report to the Florida Abuse Hotline and document the call. If the act occurs on facility property, staff are also required to report to the CCC. Staff are required to make a phone accessible in a timely manner if a child requests to call the Abuse Hotline. The agency's employee handbook includes a guideline of "Ethical Conduct" which includes the prohibition of any discrimination, harassment or inappropriate behavior. As a program protocol feature, the agency requires the client to have access to file a grievance report form. The TEET Jacksonville agency requires management to immediately address incidents or physical and/or psychological abuse verbal intimidation, use of profanity, and/or excessive use of force.

Both program staff have evidence of completing child abuse reporting training through the DJJ SkillPro portal since the last QI Review.

A staff member hired recently has not completed child abuse reporting training, but is still within the one hundred and twenty (120) day deadline. During this onsite program review, the reviewer observed the abuse hotline number posted in one (1) location in the main office area near where CINS/FINS intakes are completed. The agency maintains a binder with detailed information on how to report abuse allegations; forms to fax in child abuse reports; and a log for each month where calls and or reports are documented and logged.

Since the date of the last onsite QI Program review there have not been any calls or reports made to any report receiving entity. The agency has grievance forms available in the common area. Clients are to submit the form to the Program Manager or Executive Director. The agency maintains a binder with a log for each month to document grievances made. There have not been any calls or reports made to verify practice.

Per interview with the Program Director, no staff has been disciplined in the past year for incidents involving abuse, verbal intimidation, use of profanity, withholding of services, and/or excessive use of force.

No exceptions are noted for this indicator.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a detailed policy that lists the measures and process taken by the agency to meet the requirements of the Incident Reporting Indicator. The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.03. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017.

The agency requires staff to notify the CCC within 2 hours of an incident and to complete the incident report form. The agency is required to complete any follow-up required by the CCC in order to close the case and ensure that the incident has been fully addressed per DJJ CCC.

The agency has the CCC phone number posted in the common area where intakes and sessions are completed. There is a binder with instructions, proof of training, blank incident report forms, and a log to keep track of any reportable incidents. The agency requires the Program Manager and Vice President to review and sign off on all incident report forms. However, since the last QI review there have not been any calls to the CCC or reports made to verify procedure is being followed and executed. Both program staff completed incident report training, titled "It's All About Reporting" through the DJJ SkillPro portal since the last QI Review.

No exceptions are noted for this indicator.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy for Development and Training. The policy was last reviewed on 07/10/17 by the CEO/Executive Director and Thaise Board Members.

The policy promotes and develops a staff development program that is responsive to the need of staff, volunteers, and community members who serve children and families, with the goal of improving services to those children and families.

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 date has changed from anniversary date (date of hire) to fiscal year (from July 1 to June 30 of each year) as of July 1, 2017. The exception would be for those that are hired within 8 months of the fiscal year. They will have one year to complete their training hours. Each year thereafter they will be held to the fiscal year training.

The Training for each location/program involves an orientation on TEET agency expectations for each staff member hired. All Thaise staff (full-time, part-time or contracted) shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year. 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 course title, course description, date scheduled, location, training source, frequency requirement, training hours and completion dates.

There were a total of 4 (four) employee training files reviewed for this indicator. The reviewer verified that the Executive Director exceeds the annual required training hours during the last fiscal year (2016-2017). Completed courses included: Blood borne Pathogens & Universal Precautions, Quality Improvement, First Aid, Emergency Plan, FNYFS EAR Meetings, CPR, PREA Training, Ethnic and Boundaries.

The reviewer also verified that the Data Entry Specialist exceeds the annual required training hours during the last fiscal year (2016-2017). Completed courses included: FADAA Workshop, Information Security Awareness, Suicide Intervention, Quality Improvement—Peer Review/Awards Luncheon & Training.

One staff member hired (01/10/2017) completed the minimum 120 days required training hours and also exceeds the minimum required 24 hours needed for each fiscal year. Completed courses included: 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; Quality Improvement; Cultural Diversity; First Aid, 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, FADAA Training, ARISE Life Skills Training, PEER Review Certification.

Another staff member hired (11.09.17) exceeds the minimum 120 days required training hours. The newly hired Case Manager is currently within the 120 days hiring period at 104 days at the time of the review. Completed courses included: 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; Quality Improvement; Cultural Diversity; First Aid, PAT Training; JJIS; CPR; 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, Beg Bug Prevention.

There were no exceptions for this indicator.

**1.05 Analyzing and Reporting Information**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy called Analyzing and Reporting Information. The current policy lists the agency's approach to collecting, gathering and reviewing several sources of information to identify patterns and trends. The purpose of the policy is to ensure compliance is met by reviewing data related to program services, performance, risk management, etc. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017. In general, the agency's current Analyzing and Reporting policy is in adherence with the requirement of this indicator.

The agency has procedures and guidelines that must be followed by all employees and contracted staff members. The procedures regarding analyzing and reporting include the agency conducting an on-going quarterly review of client case record reviews; incidents, accidents and grievances; customer satisfaction data; outcome data; NetMIS data extracts/reports and FNYFS performance report cards. Additionally, the procedures require that the agency's management review the aforementioned reports, data sets and information on a routine basis. This information is to be reviewed and communicated to the staff members and to the Board of Directors. The review of this information must also include the identification and review of strengths and weaknesses, identified, improvements are implemented or modified and staff are informed and involved on an on-going basis throughout the process.

The review of agency records used to verify processes for analyzing and reporting over the last six (6) months was conducted. The agency records found onsite for review for January 18, 2018 included TEET-JAX Manager's Meeting minutes/notes 01-18/2018 and NetMIS Data Extract for CINS/FINS Served and Admissions, Non-Residential Served/Exits, Data Entry, Services Completion and Follow Up Surveys, Cumulative Year to Date Performance Based on Contracted Deliverables. These meeting minutes include statistics, recruitment and opening of new cases/intakes and general staffing, operational and programmatic issues, enrichment class meetings, college exposure tour meetings, DJJ Meetings and community meetings.

The agency also submitted Quarterly Case records, Incidents, Accidents and Grievance Report Reviews ending the last 3 months of this quarter ending in December 2017. There were no reported findings for incidents, Accidents, or Grievances reported in the said quarter. Reports were made regarding all trips and outings made during the last quarter.

The agency submitted meeting minutes for August, September, October, November, December of 2017 that included discussions focused on opening cases/admits, screenings, served, exits and the service completion rate. At the time of this on site program review, the NetMIS monthly data extract had not been released.

The reviewer assigned to this indicator interviewed the agency's CEO/Executive Director. The Executive Director reported that she conducts virtual and on-site program staff meetings at this site and the other 2 TEET non-residential program sites. The Executive Director reported that the agency mainly gets its information from the FNYFS NetMIS data extracts, quarterly reports and the Report Card. The reviewer found the agency completing reviews of monthly NetMIS data extracts, risk management issues (incidents, accidents, and grievances), Satisfaction Surveys, and outcome data. There is documentation that the reports and minutes are being reviewed by management to the staff members. The agency is also identifying any issues that require improvement such as outreach, referral coordination, training to all staff on a routine basis.

No exceptions are documented for this indicator.

**1.06 Client Transportation**

Satisfactory
  Limited
  Failed

Rating Narrative

**1.07 Outreach Services**

Satisfactory
  Limited
  Failed

Rating Narrative

The policy offers prevention and outreach services to the members of the communities they serve. Outreach and prevention services include increase community awareness and offering informational and educational CINS/FINS services to youth and families.

The TEET Staff promote awareness of the program and its services providing outreach events and activities in the service area that target the following: audiences, individuals, groups, and schools, law enforcement personnel, local DJJ and/or other government offices, judges, churches, and elected officials and the general public.

The program participates and maintains the minutes of local DJJ board and council meetings to ensure CINS/FINS services are represented in a coordinated approach to increasing public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services. The program also maintains written agreements with other community partners which include services provided and a comprehensive referral process in the community to promote CINS/FINS services. These agreements were provided for review while on-site.

Outreach Service agreements within the last six (6) months are as follows:

Urban Geoponics Jax (02/15/18)

Province Reality Group (02/16/18)

Right Pathway (10/04/17)

Eckerd (10/26/17)

Performer Academy (09/22/17)

Johnson YMCA (09/22/17)

There were no exceptions for this indicator.

## Standard 2: Intervention and Case Management

### Overview

#### Rating Narrative

THAISE Educational & Exposure Tours (TEET) is contracted to provide Non-Residential Services for youth and families in Duval County. The program works with At-Risk Youth and their Families to keep youth in their homes, in school, off the streets, and out of jail. The FREE services include: Mentoring, Case Management, Enrichment Classes, Career Guidance, College & Exposure Tours, Speaker's Bureau, Educational Assistance, Referral Services, Assistance with College & Financial Aid Applications, and Shelter or Respite Care Referral Services.

The program provides centralized intake and screening services. Thaise has procedures established for the coordination of case staffing, which involves referring clients to the Youth Crisis Center (YCC)- a CINS/FINS provider. The Case Staffing Committee is 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. Although Thaise does not directly lead in this service, their representatives do participate as committee member(s) during these meetings. The provider has not initiated case staffing for any youth during the review period and/or since the last onsite QI review.

Trained staff are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to various community services. Life skills; pregnancy prevention; job skills; substance abuse prevention; HIV/AIDS awareness; anger management; crime prevention; and college preparation are also offered through the enrichment classes.

### 2.01 Screening and Intake

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the CQI indicator for the Screening and Intake Process. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised on June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The provider's procedure requires that Centralized intake services are available during regular business hours, Monday through Friday. These services are not available during the agency's holiday schedules, including; December 21st thru January 2nd each year. At initial contact, screener or site representative, reviews caller and/or potential clients needs and determines agency eligibility. If necessary, they may provide crisis counseling, educational information, and additional referrals. The initial screening for eligibility must occur within seven calendar days of referral by a trained staff member using the NetMIS screening form.

A total of 8 Non-Residential files were reviewed: 4 Open and 4 Closed. All files reviewed demonstrated that an initial screening for eligibility occurred within seven calendar days of referral. THAISE takes the opportunity to often complete screenings and intakes on the spot in the community, schools, outreach events, and in their office. All files reviewed had the referral, initial screening for eligibility, and Intake initiated or completed on the same day. All files reviewed demonstrated that youth and parents/guardian received in writing available service options, Rights and Responsibilities of youth and parents/guardian, program brochure, grievance procedures, and possible actions occurring through involvement with CINS/FINS services. Screening and Intakes were completed by the Program Manager and Case Manager.

No exceptions noted.

### 2.02 Needs Assessment

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the CQI indicator for Needs Assessments. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The provider's policy requires that the Needs Assessment must be initiated during the first face-to-face session and completed by the second or third face-to-face contact. If more intensive services are identified on the Needs Assessment or an In-Depth Assessment or Evaluations is necessary, a referral will be made. The provider also requires that all Needs Assessments are completed by a Bachelors or Masters Level staff member and signed by a supervisor. If the suicide risk component of the assessment is required, it must be reviewed by a Licensed Clinical Supervisor or written by licensed clinical staff.

A total of 8 Non-Residential files were reviewed: 4 Open and 4 Closed. All 8 files reviewed demonstrated that a Needs Assessment was completed within two to three face-to-face contacts following the Initial Intake. All 8 files reviewed indicated that all Needs Assessment were completed by a Masters Level Staff member in an Unrelated Field, however, had a Bachelor's Degree in a Human Service Field with a minimum of two years' experience. Zero files were reviewed by a Licensed Mental Health Clinician; however, all were reviewed by a Supervisor. Zero of Eight files identified an elevated risk of suicide as a result of the Needs Assessment.

The CEO/Executive Director indicated that any time a Case Manager conducts a screening and a youth indicates any suicidality, the youth is immediately referred to Law Enforcement for a Guidance Counselor at the school. As well as, the youth is referred to Mental Health Facility in the area to better address his/her mental health needs. Throughout this review period, the CEO/Executive Director indicated that there were no youth that reported suicidal ideation, behaviors, or plans. Currently, the provider does not have a Licensed Clinician associated or contracted with the program. A review of the 8 files indicated the following issues/needs for the clients; peer issues, divorce, ungovernable, social skills, mentoring, family communication, academic monitoring, anger management, self-esteem, and shy/withdrawn.

No exceptions are 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 elements of the CQI indicator for Case/Service Plan. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised on June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The provider's procedure requires that each child/family eligible for and opened to CINS/FINS Non-Residential, shall have a formal Treatment/Service Plan established between designated staff member, the child and the family, within seven working days of the assessment. They emphasize in their policy that the Treatment/Service Plan is the document that ties together all the assessments, plans, goals, services, resources, and supports needed or desired by the individual and family. In addition, the Treatment/Service Plan shall include the following; Specific Needs of the youth and family, Time frames for completion, Responsibilities of youth/family to complete goals, The responsibilities of the program to assist the youth/family in goal completion are listed, Measurable objectives that address the identified problems or needs, Services and treatment to be provided to include: Type of services of treatment, Frequency of service or treatment, Location and accountable service providers or staff, and Actual Completion Dates. Also, they require the Treatment/Service Plan to indicate the date the plan was initiated and signatures of the youth, parent/guardian, counselor, Case Manager, and supervisor. The agency provides an array of services that youth and family agree to participate by signing the Treatment/Service plan if necessary to include, but not limited to; Mentoring, Case Management, Enrichment Classes, Career Guidance, College & Exposure Tours, Speaker's Bureau, Educational Assistance, Referral Services, Assistance with College & Financial Aid Applications, and Shelter or Respite Care Referral Services.

A total of 8 Non-Residential files were reviewed: 4 Open and 4 Closed. All 8 files reviewed demonstrated that the Treatment/Services Plan were completed the same day as the screening for eligibility and Needs Assessment. All 8 files included a signature page in the form of a copy with the actual goals and objectives attached using a word document. Throughout 8 of 8 files, the following services were recommended/offered: Intake Session, Admission Staffing (TX Plan), Biopsychosocial/In-Depth Assessment/Comprehensive Assessment, Individual Session, Group Session, Family Session, and Case Management Sessions. Review of 8 of 8 files indicated a frequency of "as needed" for all services except Intake Session, Admission Staffing(TX Plan), and Biopsychosocial/In-Depth Assessment/Comprehensive Assessment on the signature page. However, on the attached word document the Frequency was more specific, for example, 1 x per week for 12 weeks. In 3 out of 8 files, the Target Date for Completion has expired prior to the completion date with no Addendum or Update to the Treatment/Service Plan.

No exceptions are noted.

## 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 elements of the CQI indicator for Case Management and Service Delivery. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised on June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The provider's procedure requires that each youth is assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision or referral. The plan includes establishing referral needs, coordinating service plan implementation, providing support to families, monitor out of home placement when necessary and recommending and pursuing judicial intervention in selected cases and case termination follow-up. The program staff will review the service plans at 30, 60, and 90 days after its initiation to assess progress in achieving goals and objectives depending on the length in the program. Based on this review process, the program staff may: Terminate the case as indicated by successful or substantial completion of the plan, Advise the case staffing committee of the need to revise the plan, if applicable, or Recommend to the case staffing committee the judicial action is to be taken, if applicable. The provider's procedure also allows for the Treatment/Service Plan to be updated when reviewed with the youth and family at major key decision points in the youth's course of service. These decision points may include but are not limited to the following; Major change in the youth's condition/situation, Participation in a Case Staffing Committee, and/or Additional Referral Sources being needed. Program indicated that it referrals and participates in CINS Case Staffing at the Youth Crisis Center in Jacksonville, Florida.

A total of 8 Non-Residential files were reviewed: 4 Open and 4 Closed. All 8 files included assignment of Counselor/Case Manager during screening/intake process, demonstration of monitoring youth/family progress in services, providing support to families, and case termination and follow-up. All 8 files did not include complete service plan implementation and 2 of 8 files required referrals for counseling/therapy for issues surrounding divorce of their parents that were not documented as be referred to counseling/therapy services. 6 of 8 files indicated school related issues and concerns with Academic Performance. 0 of 8 files documented a referral for Case Staffing, although one file (CD) indicated youth was Ungovernable and minimal to no improvement. The Program Manager indicated that it has been a long time since they referred a client to Case Staffing or participated in Case Staffing. All provided records were unremarkable for participation in CINS Case Staffing Referral Process or Participation. 0 of 8 files required Out-of-Home Placement. 4 of 4 closed files had documented case termination notes. Review of Florida Network for Children and Families Data indicates that THAISE maintains 100% with 30 and 60 day follow-up calls.

### Exceptions:

According to 8 of 8 Services/Treatment Plans the provider recommended weekly services to be implemented. RM was opened on 12/13/17 and did not receive services for the week of 12/25/17 and 1/22/18. No documentation was noted into the file as to why services were not implemented as required. AM was opened on 12/31/17 and did not receive services for the week of 1/8/18 and 2/12/18. No documentation was noted into the file as to why services were not implemented as required. TC was opened on 10/28/17 and did not receive services for the week of 12/4/17, 1/1/18, 1/22/18, 1/29/18, 2/5/18, and 2/12/18. No documentation was noted into the file as to why services were not implemented as required. GR was opened on 10/22/17 and did not receive services for the week of 12/4/17, 12/11/17, 12/18/17, 12/25/17, 1/1/18, 1/8/18. No documentation was noted into the file as to why services were not implemented as required. RS was opened on 10/28/17 and last service in file was dated 1/11/18, however, file was not closed until 2/3/28. No documentation was noted into the file as to why services were not implemented as required. DC was opened on 10/25/17 and did not receive services for the week of 12/25/18, 1/1/18, 1/8/18, and 1/15/18. No documentation was noted into the file as to why services were not implemented as required. YW was opened on 10/23/17 and did not receive services for the week of 12/19/17, 12/5/17, 1/1/18, 1/22/18, and 1/29/18. No documentation was noted into the file as to why services were not implemented as required. JM was opened on 10/21/17 and did not receive services for the week of 11/20/17, 11/27/17, 12/4/17, 12/25/17, 1/1/18, 1/8/18, and 1/15/18. No documentation was noted into the file as to why services were not implemented as required.

## 2.05 Counseling Services

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the CQI indicator for Counseling Services. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current

CEO/Executive Director.

The program provides Non-Residential therapeutic community-based services designed to provide intervention, necessary to stabilize the family in event of crisis, keep families intact, minimize out-of-home placement, provide aftercare services, and prevent the involvement of youth and families in the delinquency or dependency systems. Services are provided in the youth's home, community location, or the local providers counseling office. THAISE emphasizes that they offer the following services; Mentoring, Case Management, Enrichment Classes, Career Guidance, College & Exposure Tours, Speaker's Bureau, Educational Assistance, Referral Services, Assistance with College & Financial Aid Applications, and Shelter or Respite Care Referral Services. The program acknowledged it DOES NOT provide counseling services, however, will make necessary referrals to local providers.

A total of 8 Non-Residential files were reviewed; 4 Open and 4 Closed. All 8 files included a Biopsychosocial Assessment, Initial Treatment/Service Plan, and Treatment/Service Plan Reviews. A review of all elements indicated that 2 of 8 files required referrals for counseling/therapy for issues surrounding divorce of their parents that were not documented as being referred to counseling/therapy services. All 8 files demonstrated a chronological log to document what services were provided on specific days and timeframes. The program does not keep separate case notes for each service encounter. The program does not provide individual and family counseling. Agency acknowledges they do not provide counseling services, they refer to an outside provider as their staff is not qualified to provide these services.

THAISE does provide "Enrichment Classes" on the 4th Tuesday of each month from 4-6pm. During these classes, documentation indicates that they were at least 30 minutes in length, specified facilitator, clear/relevant topic, and provide opportunity for youth engagement.

Exception:

A review of all elements indicated that 2 of 8 files required referrals for counseling/therapy for issues surrounding divorce of their parents that were not documented as being referred to counseling/therapy services.

## 2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the CQI indicator for Adjudication/Petition Process. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised on June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The Program indicated that in the event they have a client in need of a CINS Petition or to be brought to Case Staffing, they would refer to the Youth Crisis Center in Jacksonville, Florida to provide the services. The agency has a written policy that indicates they will utilize Youth Crisis Center for this service. The program acknowledges that they do not provide Case Staffing itself.

Records were unremarkable for THAISE participating in Youth Crisis Center Case Staffings. The Program Manager indicated that it has been a long time since they referred a client to Case Staffing or participated in Case Staffing. All provided records were unremarkable for participation in CINS Case Staffing Referral Process or Participation although several clients had concerns related to school issues, academic performance, or ungovernable.

No exceptions are noted for this indicator.

## 2.07 Youth Records

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the CQI indicator. The policy manual was Adopted on 10/01/2008 and last Reviewed and Revised on June 10, 2017. The policy manual was then approved and signed by THAISE Educational and Exposure Tours, Inc Board Members; President, Vice President, Secretary, Treasure, Board Member, and current CEO/Executive Director.

The agency has a written policy on Youth Records. The policy was last reviewed on 07/10/17 by the CEO/Executive Director and Thaise Board Members.

The policy is in place to maintain confidential records for each youth.

The procedure is in place to make sure that all records are marked "confidential" and kept in a secure room or locked in a file cabinet that is marked confidential and that is accessible to the program's staff. All records that are transported are locked in an opaque container that is marked confidential. Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information.

There were 8 random files reviewed for this indicator (5 open and 3 closed). All files met the minimum requirements for this indicator. The File room location was directly observed and found to meet the standards of this indicator.

In addition, two staff members were interviewed regarding youth records. They both were able to articulate the policy, procedure, and practice of youth records.

There were no exceptions 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](#)