



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

Review of Tampa Housing Authority

on 02/08/2017

## 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	Limited
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory: 66.67%	
Percent of indicators rated Limited: 33.33%	
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: 84.62%  
Percent of indicators rated Limited: 15.38%  
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 LLC/FNYFS**

**Tiffany Martin, Program Manager, Florida Network of Youth and Family Services**

**Felicia Goldstein, Regional Monitor, Department of Juvenile Justice**

**Persons Interviewed**

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

**Documents Reviewed**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports                  | <input type="checkbox"/> Fire Prevention Plan             | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character      | <input type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs            |
| <input type="checkbox"/> CCC Reports                            | <input type="checkbox"/> Key Control Log                  | <input type="checkbox"/> Youth Handbook             |
| <input type="checkbox"/> Logbooks                               | <input type="checkbox"/> Fire Drill Log                   | 0 # Health Records                                  |
| <input type="checkbox"/> Continuity of Operation Plan           | <input type="checkbox"/> Medical and Mental Health Alerts | 2 # MH/SA Records                                   |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Table of Organization            | 10 # Personnel Records                              |
| <input checked="" type="checkbox"/> Contract Scope of Services  | <input type="checkbox"/> Precautionary Observation Logs   | 10 # Training Records                               |
| <input checked="" type="checkbox"/> Egress Plans                | <input type="checkbox"/> Program Schedules                | 0 # Youth Records (Closed)                          |
| <input checked="" type="checkbox"/> Fire Inspection Report      | <input type="checkbox"/> Telephone Logs                   | 8 # Youth Records (Open)                            |
| <input type="checkbox"/> Exposure Control Plan                  | <input type="checkbox"/> Supplemental Contracts           | 0 # Other   |

**Surveys**

0 Youth                      0 Direct Care Staff

**Observations During Review**

- |   |   |   |
|---|---|---|
| <input 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 type="checkbox"/> First Aid Kit(s)           |
| <input type="checkbox"/> Searches                       | <input checked="" type="checkbox"/> Discharge               | <input type="checkbox"/> Group                      |
| <input type="checkbox"/> Security Video Tapes           | <input checked="" 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

**Tampa Housing Authority (THA) located at 5301 West Cypress Street in Tampa, Florida provides non-residential community-based services for youth and their families in Hillsborough County. It particularly provides the CINS/FINS (Children in Need of Services/Families in Need of Services) non-residential program to eligible participants. 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.**

**Since the last QI review, there has been several program highlights. THA recently began a partnership with Hillsborough Community College (HCC). They currently have three students (one was assigned to the Elderly program) from the HCC Human Services Program. Most of the students come with previous experience, having completed one to two practicums in the field. The students have been instrumental in assisting the counselors with group sessions, specifically preparation and co-facilitation. As well as maintaining file progress notes and correspondence with parents or school officials. The students rave about the amount of instruction they are receiving in comparison to other students in their cohort.**

**In January of 2016, THA expanded their partnership with the University of South Florida. They now receive Master-level students from the Mental Health and Rehabilitation Department, Marriage and Family Therapy track. THA has also implemented group training for incoming interns facilitated by two case managers. In addition, the interns receive an Intern Training Manual.**

**In November 2016, THA renewed their partner agreement with the School District of Hillsborough County, which allows them the freedom to work with clients during school hours throughout Hillsborough County. While they give families the option to be seen in the office, in the school or in the home, currently 100% of their families receive home/school based services.**

**The program now has access to SkillPro which has enhanced the training process, both compliance and tracking. In April 2016, they hired a Data Specialist who is very instrumental in ensuring that data is entered in a timely manner and the flow of communication is effective as it relates to completing intakes and dispatching them to their counselors while in the field. This person also maintains the training records.**

## Standard 1: Management Accountability

### Overview

#### Narrative

The CINS/FINS program is staffed by a Program Director, case manager, counselor, data specialist and six student interns.

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 Florida Statute 435.05. Personnel files and background screening for new direct care staff in the program were evaluated for this review.

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. Upon hire by THA, it is their policy that staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in their Personnel file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the file.

The provider's team of staff members conduct outreach activities and documents these activities in NetMIS.

#### 1.01 Background Screening

Satisfactory

Limited

Failed

#### Rating Narrative

Tampa Housing Authority has a written policy and procedure to ensure that all employees have been properly screened according to Florida Statutes and the Department of Human Resources for Tampa Housing Authority.

The program's procedure requires all applicants (staff and interns) to complete a criminal history background screening to ensure they are not a danger to youth. All employees and interns must have an eligible background screening completed through the Department of Juvenile Justice (DJJ) prior to their date of hire and a re-screening must be completed every five years thereafter. The program must wait for a completed background screening before hiring staff in any type of status. An Annual Affidavit of Compliance with Good Moral Character Standards is completed by the program annually and sent to the DJJ Background Screening Unit by January 31st of each year. Additionally, the policy and procedure indicates employees who have been arrested for any criminal offense are to make a report of their arrest to their immediate supervisor within three working days of the arrest.

At the time of this review, the program has a total of four full time staff and six masters level interns. Three of the four full time staff were hired prior to this annual year and they were also not due for a five-year rescreening. One staff was hired within this last annual year and a review of their personnel file shows their background screening was completed prior to the date of hire.

Five of six interns were hired within this annual review year and a review of personnel records verified all five received a final background screening prior to their date of hire. No staff or intern was applicable for a five-year rescreening. The Annual Affidavit of Compliance with Good Moral Character Standards form was completed by the program and sent to the DJJ Background Screening Unit on November 28, 2016.

There were no noted exceptions for this indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The provider has a written policy and procedure that addresses the provision of a safe and secure environment to protect all clients. The policy indicates the program follows all requirements of Florida Statute Chapter 415 in their protection of children and disabled or aged adults from abuse and/or neglect.

The program requires all staff to adhere to the expectations of the program in regards to their professional interaction with the youth served. Staff are expected to model positive social skills and the use of profanity, threats and intimidation is forbidden. The program requires that all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline. Youth and staff shall have unhindered access to place a call to the hotline. An incident report will be completed whenever a client or staff calls the hotline. The procedures do not mention or describe a grievance process for youth to provide feedback and address complaints; however, a written grievance process is provided to clients at the time of intake.

The program had all staff sign a form today that indicates they will comply with policy 4.03 Program Staff Conduct. The program has had no incidents involving abuse in this annual review period. At orientation, both youth and parent/guardian are given a Client Safety Agreement form which informs them of their right to contact the Florida Abuse Hotline and the appropriate numbers to call. The program indicates they have not had any staff disciplined for violating the code of conduct within this review cycle. During intake, the youth and parent/guardian is provided a copy of a Client/Family Grievance Policy that informs them to submit a written grievance to any program staff if they feel they were denied services or treated unfairly. Each client signs in acknowledgement of receiving the grievance policy. The program has also not had any grievances submitted within the last six months.

#### Exception:

The program had all staff sign a form today that indicates they will comply with policy 4.03 Program Staff Conduct.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure addressing the requirements of incident reporting and notifications to all required parties. The policy indicates they are to comply with requirements and procedures outlined in Department policy and Florida Administrative Code.

Procedures include reporting a qualifying incident to the Department's Central Communications Center (CCC) within two hours of the incident or within two hours of becoming aware of the incident. The procedures outline all incidents reportable for CINS/FINS services. Reportable incident types include but are not limited to: program disruption, medical incidents, mental health and substance abuse incidents, complaints against staff incidents, and youth behavior incidents.

The program had zero reportable incidents during the scope of this review.

There were no exceptions noted for this indicator.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a Training policy to meet the performance requirements for the Florida Network training indicator. The Training Policy was recently revised into a new format. The current format includes all provisions to meet the requirements of this indicator.

The current training plan involves a series of topics that are required to be completed on an annual basis. The annual training plan is produced by the agency. The training plan consists of a series of topics that covers multiple areas related to providing CINS/FINS services to children and families. The agency's training year is based on the employees' anniversary date. Each employee is required to complete courses either delivered in person and/or provided on an on-line format. This reviewer found that the agency uses a combination of trainings delivered through Skill Pro that is powered by DJJ and a series of local trainers and their service area.

Each employee has a basic individual training file. The training file includes a training ledger that lists all topics courses training hours and any applicable certificates of completion.

A review of all staff training files supplied by the agency was conducted. The review included an assessment of training topics and hours completed by permanent staff members and six (6) college interns. One of the permanent staff persons was hired less than a year ago. The other three staff members have been employed by the agency for more than one year. One intern has been employed more than one year. The five (5) remaining interns were recently hired in January 2017.

The review found that all current staff successfully met the minimum requirements of completing 24 hours in a normal training year. A total of five (5) interns that were recently hired in January 2017 had evidence of a significant number of training hours. Each of these five interns had evidence that program orientation and other applicable entry-level training had begun. These interns have been with the agency less than 30 days.

**Exceptions:**

Some training is completed on the Skill Pro online platform via the Florida Department of Juvenile Justice. Some of these trainings did not have certificates in the files verifying the completion of training received by the respective staff persons. The agency did attempt to make contact with the department to provide certificates that would verify and confirm their participation and completion of trainings.

One staff person that was a permanent hire did not complete the required number of 80 Training hours in her first year of employment.

One staff person that was an intern did not complete the required number of 80 training hours in her first year of employment.

**1.05 Analyzing and Reporting Information**

Satisfactory

Limited

Failed

Rating Narrative

Tampa Housing Authority has a policy that addresses the basic requirements of the Analyzing and Reporting Information Indicator. The policy is labeled 1.04 Analyzing and Reporting Data.

THA requires staff to focus on two primary areas that include Client related data and Local Provider related data. The agency utilizes NETMIS as the primary information database for all data related to the CINS/FINS non-residential program.

The agency did not submit substantial evidence of conducting consistent reviews of agency data including client-specific date; case file reviews and sessions; and/or NETMIS data extracts with the supervisor and

management to staff members and interns.

**Exception:**

The agency has information that is minimal related to monthly review of NETMIS information and NETMIS DATA EXTRACT results. There are minimal references to information that provides evidence of documented consistent reviews by management communication with staff on strengths and weaknesses of program services.

**1.06 Client Transportation**

Satisfactory                       Limited                       Failed

Rating Narrative

**1.07 Outreach Services**

Satisfactory                       Limited                       Failed

Rating Narrative

Evidence of the outreach services written policy and procedure addresses the services of prevention outreach. Services are designed to increase public awareness of the needs of troubled youth at-risk of running away, being habitually truant, or being beyond the control of their parents or guardians. Activities focus on children and families who may be in need of services, as well as the community at large.

THA has written procedures for the provision of services through the following activities: Information Services, Educational and Early Intervention Services, Alternative Services, and Community Development.

The program hosted the fourth annual parent empowerment workshop which was coordinated with local agencies. The program raffled off Thanksgiving dinner baskets. The workshop had guest speakers from the community and presentations from a local youth art program. Documentation was provided to verify they have attended one local Juvenile Justice Board meeting and one local Juvenile Justice Circuit Thirteen Advisory Board Meeting in this annual review cycle.

Tampa Housing was able to show a few more documents that show their outreach to the local community which is largely based in local schools. The program has collaborative agreements with over thirty agencies within the central region and documentation shows youth are referred to the program from a variety of community sources. In this review cycle the program facilitated six sessions focusing on parenting skills and anger management.

**Exceptions:**

Documentation provided for review does show some community involvement and attendance to DJJ Board and Council meetings. However, it is difficult to ascertain what role the assigned program staff played at these events. The meeting minutes and agenda do not reflect the participation of program staff nor does it give a clear indication what role the staff person played.

By review of youth records and collaborative agreements the program has strong relationships with community organizations and stake holders. However, documentation to show the program staff are present at various events and meetings are minimal. The documentation does not reflect that staff in their assigned groups advocate for the effective use of CINS/FINS services and update agency leaderships on meeting activities.

## Standard 2: Intervention and Case Management

### Overview

#### Rating Narrative

The THA program provides centralized intake and screening during office hours on Mondays – Fridays and accepts referrals from schools, parents/guardians and local community organizations. Trained staff are available to determine the needs of the family and youth.

The case manager is responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

THA also participates in 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. No case staffing requests were made in the past year by staff and/or parent/guardian.

### 2.01 Screening and Intake

Satisfactory

Limited

Failed

#### Rating Narrative

Tampa Housing Authority's policy indicates it will determine from applicants those it can serve through utilization of the screening process and notification of services provided. The screening will be conducted in order to:

1. Determine if the family or child meets the criteria specified for eligibility
2. Ascertain the child's legal status
3. Obtain basic demographic and background information on the child and family
4. Provide appropriate referrals based on immediate needs of client/family.

At intake, clients will be provided service options for the least restrictive services that are responsive and meet the family's needs.

Staff will complete the NETMIS screening form on each referral. Screening will be completed within 7 working days of the referral, given the family's cooperation and availability. Appropriate referrals should be made based on child's immediate needs identified by the screening. Local provider personnel will review all screenings for completeness and appropriate interventions. At intake families are provided CINS brochure, grievance procedures and a brochure of services that are available in school and in home.

Eight files (four open, four closed) were reviewed for this indicator. Of the eight files, three were for clients receiving services at school in groups while the remaining five were individual client files. Of the eight total files at time of intake and screening, parent/guardians were made aware of or were provided:

- Available service options (as based on information collected from screening)
- Rights and responsibilities
- Parent Guardian Brochure
- Possible actions occurring through involvement with CINS/FINS
- Grievance Procedures.

In two of the reviewed files, the eligibility screening was not completed within 7 working days of the referral. However, in each case there was documentation on behalf of the agency that demonstrated

attempts or contacts with parent/guardian to schedule, reschedule, or confirm screening. One file documented six attempts. Another file documented four attempts.

Documents reviewed to gain findings were the Introduction for Services document, NETMIS Youth Screening Form and Youth and Family Services Program Eligibility Guide (Referral for Services).

There were no exceptions noted for this indicator.

## 2.02 Needs Assessment

Satisfactory

Limited

Failed

### Rating Narrative

As per policy, a full psycho-social assessment will be conducted by a qualified professional staff on each youth and/or family participating in services.

A psycho-social assessment will be completed for the purpose of:

- A. Developing a comprehensive picture of the problems
- B. Determining the relative severity of problems
- C. Enabling intake counselors or managers to make the most timely and appropriate service referrals.

Reasonable efforts to begin the assessment should be made within 7 days of the intake. Assessment shall also be conducted in an environment most conducive to ensuring the child's and family's participation. Should be completed face to face in 3 sessions/visits.

Eight files (four open, four closed) were reviewed for this indicator. Of the eight files, three were for clients receiving services at school in groups while the remaining five were individual client files. Agency has displayed a consistent practice of full completion of the Needs Assessment within no more than 3 days of client intake completion. Needs assessments were completed by a Master's/Bachelors level employee and all were signed by a supervisor.

In one case the needs assessment was completed by the supervisor but was also reviewed and signed by a Bachelors level employee.

In one client file, it was noted that the parent reported "yes" to the youth having current or recent suicidal thoughts, ideations or gestures. For that same question youth response was "no". In this case, staff reiterated the Client Safety Agreement which reviews what should occur in the event the youth has thoughts of harming themselves or others. Parent, youth and staff all signed the form on the same day of the suicide assessment. It should also be noted that according to the other risk questions asked during intake that the client was not at elevated risk of suicide.

The Needs Assessment, Child Self-Reported Needs Assessment, Client Safety Agreement and CINS/FINS Intake Form of each file were reviewed to check this indicator.

There were no exceptions noted for this indicator.

## 2.03 Case/Service Plan

Satisfactory

Limited

Failed

### Rating Narrative

One of the program's policy indicates each child or family that receives services shall have a written

service plan. This service plan will be developed with the youth and the family when possible and will be completed within 7 working days of the completion of the comprehensive assessment. Non-residential service plans and assessments will be signed during the same meeting. Service plan will identify the services that will be needed to assist the youth/family in goal completion.

Service plans will include a statement of the problem and objectives that address the following:

- statement of the problem
- identified problem
- services and treatment that include type of service, goal of service, realistic time frames for completion and will identify who is responsible for the completion of goals and the provision of services.

Service plan will also be initiated by the counselor and will address the needs identified based upon the comprehensive assessment and will be completed within 7 working days after the comprehensive assessment. Plan will be completed with the full participation of youth and family by signing the plan and be accepted or rejected in writing when possible; be reviewed at 30, 60 and 90 day intervals when needed; be maintained in the case record; be reviewed by the clinical supervisor within 3-4 days of initiation and will be re-negotiated as needed.

Eight files (four open, four closed) were reviewed for this indicator. Of the eight files, three were for clients receiving services at school in groups while the remaining five were individual client files. Case plan objectives and goals directly correlated to issues identified in client needs assessments. Treatment and case plans exhibited evidence of individualization with evident consideration for youth age and developmental levels. All case plans included the following elements: service type/frequency and location (when applicable), persons responsible, target dates for completion, actual completion dates, youth signature, parent signature, counselor signature, supervisor signature and date plan was initiated.

Treatment/case plans were additionally neatly organized and easy to follow. Plans were also reviewed by counselor parent and youth at 30, 60 AND 90 day intervals (when applicable). Only one file did not have a review and this file had not been open for more than 30 days.

Documents reviewed to check this indicator were the Treatment Case/Service Plan, Needs Assessment and Child Self-Reported Needs Assessment.

There were no exceptions noted for this indicator.

#### 2.04 Case Management and Service Delivery

Satisfactory
  Limited
  Failed

##### Rating Narrative

THA and the family services counselor or case manager will act as the primary provider of individual clinical and/or case management services when the client or family does not have an ongoing relationship with another provider. When a client or family does have an ongoing relationship with such a provider, that individual or agency will act as the primary provider of services. In that case, the THA and family services counselor or case manager will coordinate the development of the service plan with this provider to assure continuity of services provided to this client and family before terminating services.

Regular procedures are: a Release of Information Form will be signed by the parent guardian at the time of intake. The counselor/case manager will be contacted within 72 hours or sooner whenever possible to identify service issues, clarify treatment and case management roles and coordinate the delivery of services.

Eight files (four open, four closed) were reviewed for this indicator. Of the eight files, three were for clients receiving services at school in groups while the remaining five were individual client files. There were a number of referrals made to various agencies for corresponding issues identified in the needs assessment as well as treatment/service plan. Case manager coordinated service plan implementation, monitored youth and family's progress and provided support for families. None of the reviewed files needed out-of-home placement monitoring and none were referred for Case Staffing. Additionally, no youth/families needed to be accompanied to court.

Four of the eight files had case termination notes. One of these four files had a 30 and 60 day follow-up. The remaining closed files were not yet eligible for follow-ups.

Documents reviewed to check this indicator were:

Progress Notes

Needs Assessment

Treatment Case/Service Plan

30 and 60 day Follow Up Data Form.

Exceptions:

**File 1:** In the Summary of Identified Issues/Concerns form reports "youth has an ADHD diagnosis but is not currently on Medication for it". There was no documented follow-up in file to address youth medication needs. Youth's behavior continued to decline throughout term of receiving services.

**File 2:** File states on the Need Assessment in the Psychiatric/Counseling History "mom expressed serious interest in having her child evaluated". There was no documented follow-up in the Progress Notes or treatment plan that anything was done on behalf of THA to ensure the family was able to get evaluation.

## 2.05 Counseling Services

Satisfactory

Limited

Failed

### Rating Narrative

In regards to counseling services, each youth will be assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision or referral.

Process of case management will include: establishing referral needs and coordinating referrals based upon ongoing assessment; coordinating service plan implementation; monitoring youth's/family's progress in services; providing support for families; monitoring out-of-home placement; referral to the case staffing committee as needed; recommending and pursuing judicial intervention in selected cases; accompanying youth and parent/guardian to court hearings and related appointments if applicable; referral to additional services; continued case monitoring; case termination and follow-up.

According to youth files, services were provided primarily at client schools while some were provided in home. Case plans, case notes, and Needs assessment documents were all consistent with the identification of needs and included a plan to address needs through logical action plans/objectives. Moreover, there was evidence in each file that there is an ongoing process in place for supervision of case progress through supervisor signing 30, 60, 90 day reviews.

The Treatment Case/Service Plan, Needs Assessment, Child Self-Reported Needs Assessment and Progress Notes of each file was evaluated for this indicator.

There were no exceptions noted for this indicator.

## 2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a policy (2.07 Adjudication Process) that addresses the general requirements of this indicator.

The agency has a direct relationship with the full-service CINS/FINS entity Hillsborough County that conducts all area case staffing for non-residential clients. The agency works with the County to participate in the youth, family, and case staffing committee as needed.

The agency had no specific clients or families assigned to participate in case staffings in over a year period.

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 the Youth Records Quality Improvement indicator. The policy is called 2.08 Youth 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 in a safe and locked 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 stamped confidential and organized in an orderly manner for ease of access to the file's contents.

The reviewer of this indicator and other review team members assessed a total of eight (8) client files to determine the agency's Youth Records Policy. The agency has all client files organized in six-panel folders. The File Checklist sheet is located in the client file and includes a full listing of all enclosed forms accordingly. Agency has mobile transport cases that meet the requirements of this standard.

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](#)