



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Tampa Housing Authority
on June 30, 2016

Compliance Monitoring Services Provided by





CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Not Applicable
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	No rating
1.07 Outreach Services	No rating

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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Not Applicable
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%

Overall Rating Summary

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

Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.



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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.
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Review Team

Members

Keith Carr, Lead Reviewer, Principal Consultant-Forefront LLC



Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management--which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

Persons Interviewed

- | | | |
|--|--------------------------------|---|
| <input checked="" type="checkbox"/> Program Director | <u>2</u> # Case Managers | _____ # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | _____ # Clinical Staff | _____ # Program Supervisors |
| <input type="checkbox"/> DHA or designee | _____ # Food Service Personnel | <u>2</u> # Other (listed by title): _____ |
| <input type="checkbox"/> DMHA or designee | _____ # Healthcare 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 type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>1</u> # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>5</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>4</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>4</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|------------------|------------------------------|-------------------------|
| <u>0</u> # Youth | <u>0</u> # Direct Care Staff | <u>0</u> # Other: _____ |
|------------------|------------------------------|-------------------------|

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input checked="" 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"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <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



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Strengths and Innovative Approaches

Rating Narrative

The Tampa Housing Authority (THA) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

THA is located in Tampa, Florida at 5301 West Cypress Street. The program is located in a major metropolitan area in a very formal four-story building. The building houses the west central division of the city's housing authority. The offices for the CINS/FINS program occupies the second floor and includes three staff offices, a copy room, break room and file storage area. There is adequate spacing that allows for formal servicing of clients on site. (The program also visit clients in home and at school.)



Standard 1: Management Accountability

Overview

Narrative

THA provides non-residential community-based services for youth and their families in Hillsborough County, Florida. The CINS/FINS program is staffed by a Program Director, case manager, counselor and one data specialist.

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. Personnel files and background screening for new direct care staff in the program were reviewed.

The primary goal of 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. Upon hire by THA, 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

The program has a detailed policy on Background Screening that list the measures and process taken by the agency to meet the requirements of the Background Screening indicator. Level 2 background screening is mandatory for employees and volunteers working with direct access to client information and youth. The agency’s policy also includes 5-year re-screenings for staff every 5 years from the original hire date.

At the time of this on-site QI program review, the CINS/FINS program is currently staffed by four (4) staff including one Program Manager, 2 Case Managers and a Data Specialist. Two first year checks were conducted on time within the review period. THA had the assistance and expertise of four interns within the last six months. All were background screened and noted as eligible to work.

The provider stated they submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit prior to the January 31, 2016 due date. However no evidence was produced. DJJ did not have that record.

Exception

The provider stated they submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit prior to the January 31, 2016 due date. However no evidence was produced. DJJ did not have that record.

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 provider has a policy that includes the employee handbook and Abuse Reporting.

The program maintains a written protocol for reporting abuse and incidents that all staff are trained on during their initial new employee orientation. The Abuse Hotline number,



rights and responsibilities, and grievance procedures are provided in writing to all employees and staff persons during their initial training.

Exceptions

No exceptions noted in the indicator.

1.03 Incident Reporting

Satisfactory Limited Failed Not Applicable

Rating Narrative

The agency has a policy on Incident Reporting that lists the measures and process taken by the agency to meet the general requirements of the Incident Reporting Indicator.

A review of the current policy was conducted on site. The agency has a policy that includes written procedures to address the steps required to officially contact the DJJ CCC with incidents that meet the reporting requirements. The policy does meet the general requirement of the indicator for DJJ CCC Incident Reporting.

Staff training on CCC incident reporting is provided during the initial new employee training. The agency does provide the DJJ CCC call number to all staff during the orientation training.

The agency did not report any occurrences of incident that met minimum reporting requirements to the DJJ CCC. A formal request was made to the DJJ CCC to verify and confirm that no incidents had been reported for the location. Results from this database search indicated that the CINS/FINS program did not reveal any reportable DJJ CCC incidents. This indicator is rated not applicable as there is no practice to evaluate.

Exceptions

No exceptions are noted for this indicator.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative



The agency has policies and procedures in place to address the training requirements for all staff members of the CINS/FINS program. The current policy requires that all staff members complete a total of eighty (80) training hours for new hires and twenty-four (24) hours for on-going staff members. The policy requires that the agency include all of the mandatory and recommended topics for first year and on-going employees/contractors.

An individual training file is in place for all staff members. The file includes documentation of a full training log record by the staff member's training year. The training files include a general training plan, training log, and certificates of completion documentation.

All staff have evidence of completing training files for on-going staff members. There are two on-going staff members and two first year members. All on-going staff member training files reviewed met the minimum of twenty-four hours for non-residential programs. The first year members are on their way to attaining 80 hours for the first year. Although, there were many trainings that did not note the number of hours each class took to complete thus making it difficult to determine the exact number of hours they will obtain when their anniversary date arrives.

Exception:

For the first year staff members' files, there were many trainings that did not note the number of hours each class took to complete thus making it difficult to determine the exact number of hours they will obtain when their anniversary date arrives.

1.05 Analyzing and Reporting Information

Satisfactory Limited Failed

Rating Narrative

The program has a policy on Analyzing and Reporting Information. The current process includes measures of information collection that includes monthly reviews of the individual client cases. The agency reviews screenings, intakes, assessments, service plans and case status reports. The CINS/FINS Program staff completes discharge summaries and enters this information in the FL Network Management Information Systems.

The agency convenes staff on a monthly basis to review accuracy and completion of client case records and service delivery trends and major developments. The agency's



director leads this process. During the meeting the staff also reviews customer satisfaction data.

Exception

There is no evidence the agency collects and reviews the following information to identify patterns and trends: annual review of outcome data and monthly review of NetMIS data reports.

1.06 Client Transportation

Satisfactory Limited Failed No Rating

Rating Narrative

Provider has a detailed policy on Transportation. A total of at least two (2) staff will be present during the transport at all times. In the event that an individual staff must transport a single client, the program is made aware and must approve prior to the transport. There are criterions specified within the policy to determine approval for single transports. The procedures require approval of single transport of youth without the presence of a third party and/or approval by a supervisor if a third party is not present. Documentation of all driver events including approval and event status are documented in client case files.

Exceptions

No exceptions noted.

1.07 Outreach Services

Satisfactory Limited Failed Not Rated

Rating Narrative

The agency has an Outreach Plan that focuses on reducing juvenile delinquency through effective prevention. The current plan is inclusive of local public and private schools and community service agencies in the Hillsborough and Tampa area. Tampa Housing Authority Staff do promote awareness of the program and its services through outreach events and activities in the service area. Copies of outreach activities were provided.



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The program has established collaborative interagency agreements with various organizations in the community to promote CINS/FINS services.

The agency has not been participating regularly participate in DJJ Circuit Board meetings due to lack of staff. Program director was unable to provide date or information regarding the last DJJ Board meeting they attended. The agency does anticipate participating for more often during the next fiscal year.

Exception

Agency does not participate in DJJ Board meetings.



Standard 2: Intervention and Case Management

Overview

Rating Narrative

THA is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Hillsborough County. The program provides centralized intake and screening during office hours Monday – Friday 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 CINS/FINS program consists of a Program Director, four fulltime Case Managers, and an Administrative Assistant. The Case Manager are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

THA coordinates 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

The agency has a detailed policy on Screening and Intake services. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a total of eight (8) active and closed client case files that the provider assisted in the last six (6) months. The following findings were noted:

- All 8 files met criteria for having eligible screening days within 7 calendar days.
- All 8 client files contained evidence that the youth and/or parents/guardian received documentation of service options, rights and responsibilities and all brochures. This was noted on all 8 CINS/FINS acknowledgment forms.
- All files reviewed had evidence that the youth and parent/guardians received notification of the agency Grievance procedures.

Exceptions

No exceptions are documented for this indicator.

2.02 Needs Assessments

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on the execution of Needs Assessments. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a combination of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 8 client files met the criteria for initiating a needs assessment within 72 hours of admission.
- Documentation of a completed Needs Assessments was confirmed and completed in less than the 2/3 day face-to-face contacts. All Needs Assessments were completed during the initial Intake session.



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- Need assessments were completed by a Bachelor’s or Master’s level staff.
- All signatures were located on Need Assessment documents.
- When applicable, all youth with self-harm or suicide ideation background histories were noted on the need assessment document. None were applicable in this sample. No youth were referred for an Assessment of Suicide Risk in last six months.

Exceptions

No exceptions are documented for this indicator.

2.03 Case/Service Plan

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on the execution of the Case Service Plan. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a combination of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- Seven client case/service plans were developed within the first 7 working days of the Needs Assessment.
- All 8 client case/service plans were individualized to fit the youth’s needs including presenting problems, existing risks, past history and CINS/FINS eligibility criteria.
- All target dates, frequencies and locations were on 7 case/service plans.
- Documented evidence of all required signatures were found in all 8 client case files.
- All 8 client case files had documentation that the service plan was initiated as required.
- All 8 client case files contained case notes stating they conversed with youth and/or parent regarding the case/service plan. Six case/service plans has documented 30/60/90-day plan reviews focused on the reason for referral,



presenting problems and risks found during the completion of the Needs Assessment process. Documentation found in case notes explain origin, status and progress of interaction and services delivered to youth and family and corresponds with the case/service plan reviews.

Exceptions

One service plan was created after about three weeks of the needs assessment.

Target dates, frequencies and location(s) was not documented on one file.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on the execution of its Case Management and Service Delivery component. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Case Management/Service Delivery indicator. The reviewer selected a random sample of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 8 client case files had a specifically assigned Counselor/Therapist.
- A total of one (1) client case file contained a Mental Health referral that addressed these risks identified during the screening, assessment process. Documentation of this referral was found in the client file with necessary follow up. This referral was referenced and found on the agency referral form and documented in the client's progress notes. This issue was also observed through the service plan and the CINS/FINS referral acknowledgment and established referral needs.
- The agency does make referrals for additional services as needed. A review of each referral plan was conducted. Follow up and tracking were found in the one case that had outside referrals to local community-based services for Mental Health Assistance. The tasks for the youth were checked off as completed.
- There were no case staffings documented in the last six months. Therefore, there were no case monitorings or case terminations. The agency is prepared to



address issues to be addressed by the case staffing committee on an as needed basis.

- All 8 client files contained evidence that the service plan was reviewed as required. The agency discharges cases as required but need to be more consistent with satisfaction surveys. Only three satisfaction surveys were produced. The program does conduct a follow up at 30 and subsequent summaries within a 180-day period when client and parent/guardian are available.

Exceptions

No exceptions are documented for this indicator.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on Counseling Services. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Counseling Services indicator. The reviewer selected a random sample of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- A total of 8 clients had documentation that they received the required counseling based on information documented in presenting problems, CINS/FINS eligibility criteria, needs assessment, executed service plan, service plan reviews, case management and necessary follow ups.
- All 8 client files follow strict confidentiality guidelines and laws.
- All 8 client files had key case file documents that were initiated in a timely manner. All 8 client files contain progress notes that are maintained in a chronological order. These notes track progress and meeting status of each youth.
- All 8 files had documentation that youth's presenting problems were addressed and noted in the following: Psychosocial Assessment, Initial Service Plan and Case Plan reviews.



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- All 8 files contain case file information at each phase including detailed progress notes. The review of these notes indicate current status of youth, goal progress tracking and parent/guardian progress.
- All 8 cases have evidence that each is reviewed by a supervisor to determine accuracy, timeliness and completeness of each client file.

Exceptions

No exceptions are documented for this indicator.

2.06 Adjudication / Petition Process

Satisfactory Limited Failed Not Applicable

Rating Narrative

The agency has a detailed policy on the Adjudication and Petition Process. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Adjudication/Petition Process. The agency has Case Staffing procedures and teams with the local full-service provider as needed to meet all standards with the following: Committee Chair/Agency Program Manager, CINS/FINS Case Manager/Counselors, DJJ Attorney, Sheriff’s Officer, and School Board Representative Truancy Officer or Social Worker involved with the youth. Due to lack of practice or no evidence of case staffings this indicator is rated not applicable.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

- All 8 files had evidence of “CONFIDENTIAL” stamp marked on the front of the client file.
- All records were maintained in a neat and orderly fashion and it was very easy to find needed information.
- All files are organized in a uniform manner.
- The agency has containers used for transportation that are locked. The agency uses these files when servicing client in the school, home and community.



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Exception

The agency did not produce evidence that the containers are marked “CONFIDENTIAL”.