



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-Jacksonville

on 01/19/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	No Rating
1.07 Outreach Services	Satisfactory

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

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

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

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

Rating Definitions

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

Satisfactory Compliance	Non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Review Team

Members

Keith Carr, FOREFRONT/FNYFS, Lead Reviewer Quality Improvement

Kevin Greaney, Department of Juvenile Justice, Regional Monitor

Tiffany Martin, FNYFS, Project Manager

Persons Interviewed

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input 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 | 2 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 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 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 | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 5 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

- | | | |
|---|--|---|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input 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 type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

Thaise Jacksonville has had several changes since the last quality improvement review.

- **The program moved into a new building -6715 Wilson Avenue, Jacksonville, FL 32210.**
- **They have welcomed two new staff members, Cyntoria Thomas – Program Manager and Daniel Mokuwa – Case Manager.**
- **Thaise Jacksonville has many new partnerships: Team Up Bridge Dupont, Team Up Bridge Southside, Gregory Drive Elementary, Parks & Rec., Temple Christian School, Center One Foundation, Sol Connection and Community Missionary Baptist Church.**
- **They toured three colleges since July of 2016 (Edward Water College, Jacksonville University and University of North Florida).**
- **There was a summer field trip to Memorial Park (Youth Picnic Celebration/ Media Opt for Channel 12).**
- **There is now a quarterly newsletter that is posted on social media.**
- **Thaise was featured by the Florida Network because of the awards given in the past 20 years as a no profit agency.**
- **Thaise received a new grant - New Civil Citation for the Department of Juvenile Justice.**
- **Local donations and gift certificates were given to youth from Subway, Chick Filet, Krispy Kreme, Walmart, etc.**
- **There has also been improvement from multiple students in the program. Some local schools have noted the work of TEET and the positive change in those youths.**
- **Five students are now attending college.**
- **Thaise has an abundance of parents inspired by their youth. They are now going to TEET for assistance in applying to college.**

Standard 1: Management Accountability

Overview

Narrative

Thaise Educational and Exposure Tours (TEET) Jacksonville is a non-profit community based provider that administers CINS/FINS services to youth 10-17 years of age in Duval County, Florida. Services for this program are primarily provided in the cities of Jacksonville and other areas designated as High Crime Zip Codes. Services include counseling, mentoring, enrichment classes, tutoring, and college and exposure tours.

TEET is staffed by five employees that are dedicated to the advancement of TEET's mission to empower, educate, enhance and improve the quality of life for youth. Teresa Clove is the Executive Director and oversees the non-residential CINS/FINS program. At the time of this Quality Improvement review the agency's organizational chart lists Geraldine Thompson, Cyntoria Thomas, Sandra Gail, and Daniel Mokuma as other team members at Thaise's Jacksonville site.

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 two new employees.

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

Thaise Educational and Exposure Tours has a detailed policy on Background Screening that list the measures and processes that are taken by the agency to meet the requirements of the Background Screening indicator. That policy includes verification of the driver's license status for all new hires.

Level 2 background screening is mandatory for employees and volunteers and is completed before staff member have direct access to client information and or youth. The program's procedures also include:

- The background screening process is to be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.
- Employees and volunteers are to be re-screened every five (5) years of employment.
- The Annual Affidavit of Compliance with Good Moral Character Standards (Form IG/BSU-006) is to be completed by the program and sent to the DJJ Background Screening Unit by January 31st of each year.

Each of the staff member's personnel records were reviewed for background screening and valid Florida Driver's License. At the time of this on-site QI program review, the CINS/FINS program is currently staffed by five (5) staff including one Executive Director, full-time Program Manager, a part-time Senior Manager, a contracted Case Manager, and a contracted Data Clerk. Background screening was conducted for all employees with access to youth prior to their hiring date.

There were no applicable 5-year re-screenings for the review period.

The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit on January 14, 2017, prior to the annual deadline of January 31.

There were no noted exceptions for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

Thaise Educational and Exposure Tours has a detailed policy listing the measures and process taken by the agency to meet the requirements of the Provision of an Abuse Free Environment Indicator. The provider's policy includes the employee handbook, Code of Conduct, Abuse Reporting, Grievances, and Incident 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.

The Code of Conduct prohibits the use of physical abuse, profanity, treats, or intimidation. The Code of Conduct is signed by each contractor on the date of hire. The agency has had no child abuse allegations and have not had to call on the youth's behalf since the last review. There have been no grievances filed with the agency and there have been no incidents to report to the Department's Central Communication Center (CCC). Direct care workers do not handle the grievance document unless assistance is requested by the youth.

There were no noted exceptions for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

There is a policy at the agency on reporting all incidents within two hours of occurrence or within two hours of becoming aware of an incident. The agency has a policy that includes written procedures to address the steps required to officially contact the Department of Juvenile Justice (DJJ) Central Communication Center (CCC) with incidents that meet the reporting requirements. The policy includes a list of reportable events. It lists the measures and process taken by the agency to meet the general requirements of the Incident Reporting Indicator.

During the initial employee training, staff will receive training on incident reporting. The agency does provide the DJJ CCC call number to all staff during the orientation training.

Results from the CCC database search indicated that the CINS/FINS program did not have any reportable DJJ CCC incidents since the last review.

There were no noted exceptions for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

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

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

The agency utilizes identical training and education processes for each of its three (3) locations. The Training for each location/program involves an orientation on TEET agency expectations for each staff member hired. The course topics include the agency selecting from the Florida Network's training database/platform called KATNISS. The agency utilizes this as its primary source that it receives training for its staff members. Training topics include TEET Orientation; MHSA, Understanding Youth/Dev; Understanding Youth/Adolescents; Reporting Child Abuse and Child Protection; Suicide Intervention; Trauma Informed Care; CINS/FINS CORE; Case Management; Blood Borne Pathogens & Universal Precautions; HIV and Health Related Issues; Quality Improvement; Cultural Diversity; First Aid; Emergency Plan; Supervisory Training; PAT Training; JJIS; CPR; MTI; PREA; Confidentiality; Civil Rights, EEO, Sexual Harassment; Professionalism, Red Flag Behavior, Appropriate Youth and Staff; Crisis Intervention, Domestic Violence Respite; Ethics and Boundaries; Serving LGBTQ Youth; and Domestic Minor Sex Trafficking.

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

A review of five (5) active staff member training files was conducted on-site. The agency has a very basic individual training file for each employee. The contents of the file contained a general training matrix listing general topics and trainings. Specifically, the training matrix contained categories that include Course Title, Description, Date Scheduled, Location, Provided by (Organization), Frequency Required, Training Hours, Completion Date. Other contents in the training files include evidence of trainings completed in the form of certificates of achievement, certification cards and certificate of completion.

Files reviewed verified the Executive Director completed 53 training hours during the last fiscal year (2015-2016). Completed courses included FNYFS EAR Meetings, FNYFS Quality Improvement Meetings; FNYFS QI Peer Review Training; MHSA, Understanding Youth/Dev; Understanding Youth/Adolescents; Reporting Child Abuse and Child Protection; Suicide Intervention; Trauma Informed Care; CINS/FINS CORE; Case Management; Blood Borne Pathogens & Universal Precautions; HIV and Health Related Issues; Quality Improvement; Cultural Diversity; First Aid; Emergency Plan; Supervisory Training; PAT Training; JJIS; CPR; MTI; PREA; Confidentiality; Civil Rights, EEO, Sexual Harassment; and Professionalism.

One staff member completed 36 training hours during the last fiscal year. Completed courses included FNYFS Suicide Prevention Webinar; FNYFS Quality Improvement Meeting; Prevention Assessment Tool (PAT) Training; PREA Training; Court Hearing Training; BMI Training; and CPR and First Aid (01-21-15 - 01-21-17). New CPR, First Aid, BLS CPR training was recently completed on 01-11-2017.

Another staff member (hired April 2016) has completed 84 hours of training thus far. Completed courses include but not limited to CINS/FINS Core; Mental Health Suicide Prevention Webinar; FNYFS Quality Improvement Meeting; Prevention Assessment Tool (PAT) Training; PREA Training; MI Training; LGBTQ; Understanding Youth and Adolescents and CPR and First Aid (05-06-16 - 05-06-18).

Two (2) out of five (5) files review on-site during the Quality Improvement review were new hires recently hired by the agency on January 10, 2017. Both staff members has recently begun training for their respective position. They are working to complete the online training courses provided by the Florida Network of Youth and Family Services. These new hires are also scheduled to attend the next FNYFS event in March 2017.

There were no exceptions noted for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

[Rating Narrative](#)

The program has a policy on Analyzing and Reporting Information that meets the general requirements of this indicator.

The program collects and reviews several sources of information to identify patterns and trends: Quarterly case record review reports, quarterly review of incidents, accidents, and grievances, annual review of customer satisfaction data, and monthly review of Network Management Information Systems (NetMIS) data reports.

Reports are gathered but not consistently placed in order and some items are difficult to find. Customer satisfaction data is maintained in each closed youth record and NetMIS. The CINS/FINS Program staff also obtains client satisfaction surveys at discharge and enters this information in the FL NetMIS.

The agency convenes staff on a monthly basis to review accuracy and completion of client case records and service delivery trends and major developments. Strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.

There were no noted exceptions for this indicator.

1.06 Client Transportation

Satisfactory

Limited

Failed

[Rating Narrative](#)

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed Outreach Targeting Plan that address the requirements of this indicator. The current plan is inclusive of high crime zip code areas and local low performing schools. The TEET Staff promote awareness of the program and its services providing outreach events and activities in the service area.

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.

There were no noted exceptions for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

TEET is contracted to provide non-residential services for youth and their families in Duval County. The program provides centralized intake and screening services. Trained staff members are available to determine the needs of the family and youth for services during regular business hours, five days per week.

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 enrichment classes.

During the QI review, eight (8) client files were reviewed (4 open and 4 closed) to determine the agency's adherence to CINS/FINS Standards.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

TEET does have a policy that aligns with this indicator. The policy indicates the program will determine from applicants those it can serve through utilization of the screening process and notification of services provided.

At initial contact, screener or site representative will explain eligibility criteria to caller/potential client and family. At time of admission, agency will provide the parent/guardian with service options, rights and responsibilities of youth and parents and possible action through CINS/FINS.

Eight (8) files were selected to review this indicator. The following documents in each file were analyzed: Receipt of Notice of Privacy Practices and CINS/FINS Procedure, Consent for Services and Treatment, Screening Form, Intake Form. Agency has demonstrated consistent practice with all files reviewed in completion of screening within 7 days of receiving referral. At time of intake and screening, parent/guardians were additionally 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.

There were no noted exceptions for this indicator.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The program has a Needs Assessment policy that aligns with the Florida Network indicator. The policy notes The Needs Assessment shall be initiated or attempted within 72 hours of admission. It should be completed within 2-3 face to face contacts following the initial intake if the youth is receiving nonresidential services.

The procedures mirrors that of the Florida Network's requirement in implementing the needs assessment. The program's procedures include: Needs assessments should be completed by a Bachelor's or Master's level staff and signed by a supervisor for review. If a suicide assessment component is required as a result of responses to suicide risk questions it will be reviewed by a licensed clinical staff. Needs assessment will additionally cover demographics of youth and family, educational history, family history and involvement, ATOD. Legal history, medial history, developmental history, financial and employment history, peer relationships, history of violence and abuse, and youth and family strengths and weaknesses.

Eight (8) agency files were reviewed for this indicator. 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/Bachelor's level employee and all were signed by a supervisor. It was noted at the start of the review that in some cases, the Supervisor has carried a caseload. In one file the supervisor did indeed complete the Needs Assessment and signed (supervisor review) for it as well. In all files reviewed, no clients were at elevated risk for suicide per report from parents and youth.

The following documents were reviewed to verify practices:

- Needs Assessment
- Intake Form
- Screening
- Needs Assessment Summary

Exception:

On the Needs Assessment in reference to the Summary of Risk Assessment, the case notes demonstrated a practice of gathering the information regarding previous and current suicide risk. The information noted in 4 of the 8 files reviewed indicates:

- The individual that reports current and past suicide risk may vary (With the exception of the first note it is not clear if the information was reported by the client or parent).
- There is variation in what is asked regarding suicide risk (file 1 references suicide tendencies, file 2 and 3 reference current but no previous suicidal thoughts or ideations, file 4 references previous thoughts or ideas of suicide and does not reference the status at the time of the needs assessment).
- An observation of suicidal risk was substituted for a verbal report from parent or child (File 2 is indicative of an observation rather than question to the client).

File 1: "no evidence noted of any suicide tendencies per the stepmother".

File 2: "client is not exhibiting any suicidal thoughts or ideations at this time".

File 3: "There are currently no suicidal ideations or thoughts at this time".

File 4: "There have not been any thoughts or ideas of suicide in the past".

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

TEET does have a case/service plan policy.

The case/service plan is to be developed with the youth and family within 7 days following completion of the assessment. The plan is to be developed based on information gathered during initial screening, intake and assessment.

The plan will include the following elements: identified needs, type, frequency, and location of services, persons responsible, target date(s) for completion, actual completion date(s), Signature of youth, parent guardian, counselor, and supervisor, and date plan was initiated.

Plan must also be reviewed by the counselor and parent guardian if available every 30 days for the first three months and every 6 months thereafter for progress in goal achievement and for making any necessary revisions to the case or service plan.

Eight (8) agency files were reviewed. Documents analyzed were the Needs assessment, Needs assessment summary, Treatment/Service Plan, Service Plan Review. In all files, Case/Service Plans were completed within no more than 3 days of intake completion. Case plan objectives and goals directly correlated to issues identified in all clients' Psychosocial Assessments. Case plans exhibited strong evidence of individualization and thoughtfulness with the development of case plan objectives/action steps. 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
- Date plan was initiated.

In addition, case plans were neatly organized and easy to follow. Plans were also reviewed by a counselor, parent and youth at 30, 60 and 90 day intervals (when applicable).

There were no noted exceptions for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Thaise does have a policy and procedures that implement case management and service delivery.

Thaise ensures that each youth is assigned to a case manager/counselor who will follow the youth's case and ensure the service delivery of services through direct provision or referral.

The plan will include establishing referral needs, coordinating service plan implementation, providing support to families, monitoring out of home placement when necessary, recommending and pursuing judicial intervention in selected cases and case termination follow-up.

Eight (8) files' progress notes were reviewed. All files had a case manager/counselor assigned, no files needed and referrals for additional services. Case manager/counselor 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/family needed to be accompanied to court.

Four (4) of the eight (8) files had case termination notes. Two (2) of these four (4) files included 30 and 60 day follow-up notes while the remaining two did not since they were closed within the previous two weeks. The remaining four files were still open.

There were no exceptions noted for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The program does have a policy and procedures that mirrors the guidelines of the counseling services indicator.

Thaise's policy elaborates that non- residential programs provide therapeutic community based services designed to provide the intervention necessary to stabilize the family in the event of crisis, keep families intact, minimize out of home placement, provide aftercare services for youth returning home from shelter services, and prevent the involvement of youth and families in the delinquency and dependency systems.

They provide these services via the youth's home, a community location, or the local providers counseling office. They offer services that reflect all case files for coordination between presenting problem(s), psychosocial assessment, case service plan reviews case management and follow-up. They also maintain individual case files on youth; chronological case notes on the youth progress; and provide ongoing internal processes that ensures clinical review of case records, youth management and staff performance regarding CINS/FINS services.

Eight (8) files were reviewed for counseling services practice. All files demonstrated that youth received therapeutic community based services. According to youth files, services were provided primarily at client schools, while some were provided in home, local library or at agency central office. 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 staff through supervisor notes that were completed by the supervisor on a monthly basis.

Documents reviewed to analyze the files were:

- Needs Assessment
- Needs Assessment Summary
- Case/Service Plan
- Progress Notes
- Intake Form
- Screening Form
- Goal/Objective Form.

There were no exceptions noted for this indicator.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The program does have a policy for the adjudication/petition process.

The program itself does not provide case staffing but does work with a local CINS/FINS residential agency, Youth Crisis Center (YCC), that leads in coordinating case staffings for their circuit. If any clients were to need case staffing services, they would be referred to YCC.

Thaise representatives do participate in case staffings at YCC. Attendance at case staffings were confirmed.

There were no clients that Thaise needed to refer for case staffing in the last six months. The agency did not have examples of CINS/FINS Petitions since it began providing services in December 2014.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

The agency does have a specific policy that addresses the Youth Records Quality Improvement indicator. The policy is called Youth Records. In addition, a relating policy that addresses Confidentiality of Records is "Confidential Records". The policy requires the agency to create a client file with all records specific to that client and family. The policy also requires that all client records be kept safe and locked area such as

a cabinet.

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

The reviewer of this indicator and other review team members assessed a total of eight (8) client files to determine the agency's Youth Records policy. The agency has all client files organized in 3-Ring plastic binders. Each client is divided into two sections listed as a left and right side respectively. The File Checklist sheet is located on the Left Side and includes a Screening Form; Consent to Services; Confidential Release; Suicide Assessment; Suicide Probability Scale; SPS Score Level of Risk; Psycho-Social; Service Plan; NETMIS; Initial Staffing; Case Staffing; Petition; and Plan Reviews.

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

All eight files had evidence of a "CONFIDENTIAL" stamp marked on the front of the client file. The agency also has containers that are locked or marked "CONFIDENTIAL" for all TEET agencies. The agency uses these to transport files when servicing client in the school, home and community.

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](#)