



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

Review of Thaise Educational and Exposure Tours Orlando  
Non-Residential Program

May 23, 2016

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



**Quality Improvement Review**

Thaise Educational and Exposure Tours Orlando – 05/23/2016

Lead Reviewer: Keith Carr

**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	Satisfactory
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%**  
 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.
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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## **Reviewer**

### Members

Keith Carr, Lead Reviewer, Consultant-Forefront LLC/Florida Network of Youth and Family Services



# Quality Improvement Review

Thaise Educational and Exposure Tours Orlando – 05/16/2016

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## 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 | 2 # Case Managers              | _____ # Maintenance Personnel             |
| <input type="checkbox"/> DJJ Monitor                 | _____ # Clinical Staff         | _____ # Program Supervisors               |
| <input type="checkbox"/> DHA or designee             | _____ # Food Service Personnel | <b>1</b> # 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                             | <b>0</b> # Health Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input type="checkbox"/> Medical and Mental Health Alerts     | <b>0</b> # MH/SA Records                            |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> PAR Reports                          | <b>2</b> # Personnel /Volunteer Records             |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs       | <b>3</b> # Training Records/CORE                    |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                    | <b>4</b> # Youth Records (Closed)                   |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                       | <b>3</b> # 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

- |                  |                       |                         |
|------------------|-----------------------|-------------------------|
| <b>0</b> # Youth | 2 # Direct Care Staff | <b>0</b> # Other: _____ |
|------------------|-----------------------|-------------------------|

### Observations During Review

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Admissions           | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth       |
| <input type="checkbox"/> Confinement                     | <input checked="" 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

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

In addition to providing mentoring, outreach, counseling and case management, TEET Orlando offers Enrichment Programs once a month at the Village Square Mall community room where youth receive education on various topics such as: anger management, pregnancy prevention, job skills, life skills, substance abuse prevention, HIV/AIDS awareness, and college preparation. Speakers are often brought in to address these topics. Youth that attend the Enrichment Program are rewarded by attending college tours. This fiscal year, TEET Orlando traveled with children to Bethune-Cookman University in Daytona Beach, Florida and Tampa State University in Tampa, Florida.

TEET Orlando staff members also provide group activities for the youth. This includes getting two or more youth together for a session to discuss various topics as noted above. TEET Orlando staff often take these groups of students to the movies, CiCi's pizza, Golden Corral, Burger King, McDonalds, Pizza Hut, Taco Bell, Wendy's, Flyers Wings and Grill, Steak' n Shake, and many other food places. This is done for children that have shown progress in the program. Also, many of our kids are less fortunate and are not afforded the opportunity to eat out.

TEET Orlando staff members also participate in the Annual Family Fun Day, Healthy Minds; Healthy Lives sponsored by Federation of Families of Central Florida and Molina Healthcare. This event provides food, fun, games and activities and cultural performances for the youth and families we serve. TEET Orlando staff members accompany clients to this event, as well as network with other agencies through outreach.

The program does use contracted program personnel to augment office functions such as data entry, administrative tasks and duties and intermittent group sessions and outings with multiple TEET clients and families. The TEET Orlando program is staffed



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by Teresa Clove, Executive Director; Angela Patton, Program Manager; Bruce Peters, Counselor and Stephanie Ware, Administrative Assistant.

Program staff have also been making accomplishments in their professional lives. Stephanie Ware graduated from Valencia Community College in August 2015 and she is currently in the Social Work program at University of Central Florida, pursuing a BSW. Angela Patton attends Walden University where she is pursuing a second Master's Degree in Clinical Mental Health Counseling. Angela has completed all the required course work for licensure and is preparing to take the National Clinical Mental Health Counseling Examination this summer and starting an internship program in the Fall. Bruce Peters is very active in the community and coaches football on the weekends. This is also an opportunity for youth in the program to get involved as Mr. Peters works a lot with the Orlando Magic NBA Basketball team. Thaise Program is also in the process of obtaining interns and volunteers.



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### Standard 1: Management Accountability

#### Overview

#### Narrative

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. No new staff were hired during the past year and there were no applicable 5-year re-screenings for the review period. However, the program utilized the services of two volunteers during the current FY.

The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. It is accomplished upon hire by the agency's Executive Director at all three (3) TEET locations. The TEET staff are trained to conduct screenings and assessment services to youth and families that meet the CINS/FINS criteria. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider has numerous partnership agreements throughout the local service area and conducts outreach to educate the community and market the program's services. The agency also attends DJJ Circuit Meetings.



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### 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. The provider has a policy that includes verification of the driver's license status for all new hires. 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 three (3) staff including one Executive Director, Program Manager, Therapist and Data Specialist. None of the staff were hired during the past year and there were no applicable 5-year re-screenings for the review period. Consequently, DJJ Background Screening and E-verify were not applicable for staff for this indicator.

The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit prior to the January 31, 2016 due date.

#### **Exceptions:**

No exceptions noted in the indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a detailed policy that lists the measures and process taken by the agency to meet the requirements of the Provision of An Abuse Free Environment Indicator. The provider has a policy that includes the employee handbook; Code of Conduct; Abuse Reporting; Grievances and Incident Reporting.

The program maintains a written protocol for reporting abuse and incidents in which 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.





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### 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 TEET Orlando 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



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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 includes a general training plan, training log, and certificates of completion documentation.

The agency maintains proof of completion of mandatory training and other training topics by using an electronic training system to capture training topics and hours. All staff have evidence of completing training files for on-going staff members. All staff member training files reviewed exceeded the minimum of twenty-four hours for non-residential programs. The agency has certificates and records of all completed trainings in each member file. All staff members had evidence of completing CPR/First Aid and Fire Safety training.

### Exceptions:

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 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, as well as incidents, accidents, and grievances. The agency conducts monthly reviews of its FL Network monthly data extracts and monthly outcome data. The agency also reviews FL Network Report Cards. Further, the CINS/FINS Program staff also obtains client satisfaction surveys at discharge and enters this information in the FL Network Management Information Systems.

The agency convenes staff on a bi-weekly basis to review accuracy and completion of client case records and service delivery trends and major developments. The agency's executive director leads this process. However, each TEET non-residential site's



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Program Manager is primarily responsible for reviewing specific client files, meetings, grievances and incidents. Each program manager conducts fire drills and submits all recommendations to the executive director on a monthly basis. This practice is duplicated across all 3 TEET non-residential program sites.

The review of the Knowledge Portal of Pyxis Med-Station Reports is not applicable for non-residential programs.

### Exceptions

No exceptions were noted for this indicator.

### 1.06 Client Transportation

Satisfactory

Limited

Failed

#### Rating Narrative

Provider has a detailed policy on Transportation. The agency's Director makes all driving decisions on extra-curricular activities such as college tours. The current policy has content that includes how the agency conducts a preliminary driver's license check. The agency has no driving responsibilities that require transportation to service clients. The agency has full liability and insurance coverage. 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 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 area low performing schools. The TEET Staff promote awareness of the program and its services through outreach events and activities in the service area.



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The program has established collaborative interagency agreements with various organizations in the community to promote CINS/FINS services. These agreements were provided for review on-site.

The agency Executive Director and Program Manager are scheduled to participate in DJJ Circuit Board meetings. The agency provided documentation of participation in the outreach event log. This documentation was reviewed on-site.

### **Exceptions:**

None are documented for this indicator.



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### Standard 2: Intervention and Case Management

#### Overview

##### Rating Narrative

The Thaise Educational and Exposure Tours Orlando location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Orange County. The program provides centralized screening and intake services during regular business hours. The program accepts referrals from established referral partners and local elementary, middle and high schools. The agency also receives referrals from youth, parents/guardians, and local community-based organizations. The agency trains all staff members to screen for presenting problems, current risk and CINS/FINS eligibility criteria to determine the needs of the family and youth. The agency has screening, intake and assessment components to address an array of issues presented by youth and their families. The agency conducts follow-up status checks on each former client after their discharge.

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

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

During the QI review, nine (9) client files were reviewed (3 open and 6 closed) to determine the agency's adherence to QI CINS/FINS Standards.

#### 2.01 Screening and Intake

Satisfactory

Limited

Failed

##### Rating Narrative

The agency has 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 nine (9) active and



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closed client case files that the provider assisted in the last six (6) months. The following findings were noted:

- All 9 files met criteria for having eligible screening days within 7 calendar days.
- All 9 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 9 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 nine (9) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 9 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.
- Needs 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 needs assessment document. None were applicable in this sample. No youth were referred for a Suicide Assessment to determine Suicide Risk in the last six months.



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### 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 nine (9) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 9 client case/service plans were developed within the first 7 working days of the Needs Assessment.
- All 9 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 all 9 case/service plans.
- Documented evidence of all required signatures were found in all 9 client case files.
- All 9 client case files had documentation that the service plan was initiated as required.
- All 9 client case files contained case notes stating they conversed with youth and/or parent regarding the case/service plan. Each case/service plan 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:

No exceptions are documented for this indicator.



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### 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 nine (9) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 9 client case files had a specifically assigned Counselor/Therapist.
- A review of each referral plan was conducted. There were no cases that required a referral by the agency to other outside agencies to address the risks identified during the screening, assessment process. The agency does make referrals for additional services as needed.
- Evidence of follow up and tracking were found in the two cases that had outside referrals to local community-based services. 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 by the case staffing committee on an as needed basis.
- All 9 client files contained evidence that the service plan was reviewed as required. The agency discharges cases as required and conducts a satisfaction survey and conducts a follow up at 30 and subsequent summaries within a 180-day period.

#### **Exceptions:**

No exceptions are documented for this indicator.





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### 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 nine (9) 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 9 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 9 client files follow strict confidentiality guidelines and laws.
- All 9 client files had key case file documents that were initiated in a timely manner. All 9 client files contain progress notes that are maintained in chronological order. These notes track progress and meeting status of each youth.
- All 9 files had documentation that youth's presenting problems were addressed and noted in the following: Psychosocial Assessment, Initial Service Plan and Case Plan reviews.
- All 9 files contain case file information at each phase including detailed progress notes. The review of these notes indicates current status of youth, goal progress tracking and parent/guardian progress.
- The agency has a file review process that is conducted on a bi-weekly to monthly basis. All 9 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.



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### 2.06 Adjudication / Petition Process

Satisfactory                       Limited                       Failed                       Not Applicable

#### Rating Narrative

The agency has a detailed policy on 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 9 files had evidence of a red "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 9 client files contained a client file order sheet for the left and right side of each client file. All files are organized in a uniform manner for all TEET agencies.
- The agency has containers that are locked or marked "CONFIDENTIAL" for all TEET agencies. The agency uses these files when servicing client in the school, home and community.

#### **Exceptions:**

No exceptions are documented for this indicator.