



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Tampa Housing Authority

on 10/19/2017

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; Lead Reviewer; FOREFRONT LLC/FNYFS Vernon B Pryer Jr., CPM, BS; Operation Review Specialist; Department of Juvenile Justice William Thomas; Truancy Navigator; Bethel Community Foundation

Persons Interviewed

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input checked="" type="checkbox"/> Counselor Non- Licensed |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 1 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 0 Program Supervisors | 0 Food Service Personnel | 0 Other |
| 0 Health Care 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 type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 8 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 8 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 2 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

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

Tampa Housing Authority (THA) located at 5301 West Cypress Street in Tampa, Florida provides non-residential community-based services for youth and their families in Hillsborough County. It particularly provides the CINS/FINS (Children in Need of Services/Families in Need of Services) non-residential program to eligible participants. The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System.

Since the last QI review, there has been program updates. In the early month of May 2017, Linda Sessions resigned from her position as the Youth Program Manager. Linda was the manager of the program from the inception and was an instrumental part to its success. At the end of May, case manager, Diane Lindsay, was appointed the Interim Youth Program Manager. By July 30, 2017, she was officially promoted to the position of Youth Program Manager. The services have continued with the same care and intensity with the support of the contracted case manager, PPS data coordinator, and interns from the community colleges and universities. With hard work and determination, the staff was able to meet their deliverables and rollover (47) youth for the new grant year. With strong partnerships in the community, they continue to receive referrals and provide services to the community.

Standard 1: Management Accountability

Overview

Narrative

The CINS/FINS program is staffed by a Program Director, case manager, counselor, data specialist and five student interns. Level 2 background screening is mandatory for employees and volunteers working with direct access to youth to guarantee they meet statutory requirements of good moral character as required in Florida Statute 435.05. Personnel files and background screening for new direct care staff in the program were evaluated for this review.

Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by THA, it is their policy that staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in their Personnel file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the file. The provider's team of staff members conduct outreach activities and documents these activities in NetMIS.

1.01 Background Screening

Satisfactory
 Limited
 Failed

Rating Narrative

The Tampa Housing Authority has a policy and procedures which addresses background screening of all employees and volunteers. The policy ensures all employees have been properly screened in accordance to Florida Statutes and the Department of Human Resources for Tampa Housing.

The program's procedures require all applicants (employees, volunteers and interns) to complete a background screening which contains a criminal history background screening completed through the Department of Juvenile Justice prior to each applicant date of hire or volunteer. No applicant may be hired, nor may services of any volunteer or intern be utilized, until background screening has been completed and the applicant determined eligible. Additionally, the policy requires the Tampa Housing Authority conduct background re-screenings every five years on each employee, volunteer and intern. Additionally, the program must submit an Annual Affidavit of Compliance with Good Moral Character Standards to the Debarment's Background Screening Unit by January 31, of each calendar year.

The policy also addresses procedures regarding if an employee is arrested for any criminal offense. The procedures require the employee, intern or volunteer to make a report of their arrest to their immediate supervisor within three working days of the arrest.

A review of the program's personnel records found a total of three full time staff and five master's level interns. Each of the three full time staff were hired prior to this annual year and they were not due for a five-year re-screening.

Each of the five interns were hired within this annual review year and a review of personnel records verified all five received a final background screening prior to their date of hire.

The program's Annual Affidavit of Compliance with Good Moral Character Standards form was completed by the program and submitted to the DJJ Background Screening Unit on November 28, 2017.

There were no exceptions noted for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory
 Limited
 Failed

Rating Narrative

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

The program's policy requires all program staff to adhere to the expectations of the Tampa Housing Authority in regards to their professional interaction with the youth served. The program maintains a code of conduct regarding staff are expectations. Staff are expected to model positive social skills and the use of profanity, verbal threats, physical abuse and/or psychological abuse and intimidation is forbidden. The program requires all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline. Upon each admission and during the orientation process the parent and youth are informed of the grievance process and receive and acknowledge by signature a Client Safety Agreement which informs them to submit a written grievance to any program staff if they feel services were denied or treated unfairly.

The program maintains a binder which captures all incidents involving abuse reports and/or grievances reports received during a twelve-month cycle. Management addresses each incident and develops a quarterly review of incidents, accidents and grievances in an effort to identify strengths and weaknesses and provide staff guidance through improvements and process implementations and keep staff informed and involved through the process.

The program hasn't had any grievances or allegations of abuse during the last six months. A review of each staff personnel record found evidence of training documentation regarding incident reporting and the grievance process.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

Satisfactory Limited Failed

Rating Narrative

The program has a policy in place regarding incident reporting which is consistent with the Department of Juvenile Justice requirements.

The program's procedures include timeframes of notification to the Department within two hours of becoming aware of the incident. Additionally, the procedures provide detail reportable types but not limited to: program disruption, medical incidents, mental health and substance abuse incidents, complaints against staff incidents, and youth behavior.

The procedures also direct that all incidents be documented on program logs as well as on incident reporting forms. Additionally, reports are to be reviewed and signed by the supervisor.

The program maintains a binder which contain all reports for a calendar year. During the scope of the review the program had zero reportable incidents.

There were no exceptions noted for this indicator.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures in place regarding staff training.

The program's training plan contains each of the required training topics to be completed on an annual basis. The plan contains a combination of instructor-led and computer-based trainings. The training plan requires staff to have a minimum of (80) hours of trainings the first full year of employment or service and

(24) hours of training each year after the first year.

First Year Required Trainings

Local provider Orientation Training

CINS/FINS Core Training

Managing Aggressive Behavior

Suicide Prevention

Signs and Symptoms of Mental Health and Substance Abuse

CPR and First Aid

Understanding youth/Adolescent Development

Child Abuse Reporting

Confidentiality

Universal Precautions

Five (5) interns were hired August 2017 and were applicable for first year training. Each of the five reviewed training record contained evidence of a significant number of training hours. Additional reviewed training records found each of the (5) interns had evidence of program orientation and other applicable entry-level trainings had begun.

Three staff were applicable for the twenty-four hours of second year training. Each of the three met the minimum requirements of completing 24 hours in a normal training year.

Training services are scheduled throughout the year and are provided by the Florida Network, local community resources and various local provider personnel approved or certified to deliver training services.

The program maintains an individual training file for each staff, which included an annual employee training hour tracking form and related documentation, such as certificates, sign in sheets, and agendas for each training attended.

There were no exceptions noted for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy which addresses analyzing and reporting information.

The agency requires management to focus on client related data and local provider related data.

There is evidence of management completing monthly reviews of NetMIS data reports. The program maintains a database which has documentation of client satisfaction surveys.

There is documentation that findings are regularly reviewed by management and communicated to staff

and stakeholders. There was evidence of weaknesses identified by management and improvements were implemented or modified and staff are informed and involved throughout the process.

There were no exceptions noted for this indicator.

1.06 Client Transportation

Satisfactory Limited Failed

Rating Narrative

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

The agency has an Outreach Services policy. The policy references and matches policy content as outlined by the Florida Network of Youth and Family Services formal policy. The Outreach Services policy states the agency's approach to providing services to encourage and offer prevention and outreach information about their services to the community. The policy supports the agency's goal of the conducting on-going outreach efforts in order to increase the awareness and to make potential eligible clients and their families of the availability of the program's services. A review of this standard resulted in it meeting the general requirements of this indicator. The policy was last reviewed and approved on October 18, 2017.

The agency's method of conducting outreach events and activities includes using staff members to promote the program's service offerings to youth and families that meet minimum CINS/FINS eligibility requirements. The program conducts and informs about status and other qualifying offenses-- informing individuals, organizations, schools, other entities on the program, what it does and what services it provides. Agency specifically establishes partnerships and conducts group presentations, individual meetings, group discussions, short-term intervention groups, and set up/display the distribution of THA program materials.

The THA program utilizes the FNYFS NETMIS database to enter all completed outreach events. The NETMIS system captures a description of the event, location, and in attendance. The agency has relationships with local organizations that it receives promotes its services to and receives client's from. The agency makes the community aware of its services by conducting presentations, attending meetings and marketing its program through other THA programs. The monitor interviewed the program supervisor regarding the agency's practice related to performing community outreach activities.

The agency utilizes their relationship to the public housing department to access residents and families that could may be eligible to receive CINS/FINS services. The agency supervisor reported that the agency participated in a Community Resource Fair at Hillsborough County Government's Children's Services (March 18, 2017); attended C Blythe (100+ residential public housing building units-Meet and Greet (June 6, 2017); Arbors at Padgett Estates- residential public housing building units Meet and Greet (June 13, 2017); Seminole|Moses White - residential public housing building units (June 21, 2017); Robles Park Village - residential public housing building units (June 29, 2017); Robles Park Village - residential public housing building units (July 13, 2017); Plant City High School - residential public housing building units (August 17, 2017); and Miracles Outreach. The agency utilizes their relationship to the public housing department to access residents and families that could may be eligible to receive CINS/FINS services. The program provided meeting minutes as evidence of attending one Circuit 13 Juvenile Justice Board meeting date August 18, 2017.

Exception:

At the time of this onsite program review, the agency provided one DJJ Circuit 13 meeting notice from the last 6 months.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

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

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

THA also participates in the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. No case staffing requests were made in the past year by staff and/or parent/guardian.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all key elements of Quality Indicator 2.01, Screening and Intake.

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

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

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

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

Six files (four open, two closed; four individual counseling, 2 group counseling) were reviewed for this indicator. Of the six files, two were for clients receiving group services while the remaining four were individual counseling files. Of the six total files, at time of intake and screening, parent/guardians were made aware of or were provided: Available service options (as based on information collected from screening); Rights and responsibilities; Parent Guardian Brochure; Possible actions occurring through involvement with CINS/FINS; Grievance Procedures.

In one of the reviewed files, the eligibility screening was not completed within 7 working days of the referral. However, there is documentation that the counselor met with the child's mother within the seven-day window, but the actual contact with the child did not occur until 15 days after the referral. Documents reviewed to gain findings were the Introduction for Services document, NetMIS Youth Screening Form and Youth and Family Services Program Eligibility Guide (Referral for Services).

Exception:

In one of the reviewed files, the eligibility screening was not completed within 7 working days of the referral. However, there is documentation that the counselor met with the child's mother within the seven-day window, but the actual contact with the child did not occur until 15 days after the referral.

2.02 Needs Assessment

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that addresses all key elements of Quality Indicator 2.02, Needs Assessment.

As per policy, a full Needs Assessment will be conducted by a qualified professional staff on each youth and/or family participating in services. A Needs Assessment will be completed for:

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

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

Six files (four open, two closed) were reviewed for this indicator. Of the six files, two were for clients receiving services at school in groups while the remaining four were individual client files. THA has displayed a consistent practice of full completion of the Needs Assessment within no more than 3 days of client intake completion.

Needs assessments were completed by a Master's/Bachelors level employee and all were signed by a supervisor. The Needs Assessment, Child Self-Reported Needs Assessment, Client Safety Agreement and CINS/FINS Intake Form of each file were reviewed to determine practice of this indicator.

There were no exceptions noted for this indicator.

2.03 Case/Service Plan

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that addresses all key elements of Quality Indicator 2.03, Case/Service Plan.

One of the program's policy indicates each child or family that receives services shall have a written service plan. This service plan will be developed with the youth and the family when possible, and will be completed within seven working days of the completion of the comprehensive assessment. Non-residential service plans and assessments will be signed during the same meeting.

Service plans will identify the services that will be needed to assist the youth/family in goal completion. Service plans will include a statement of the problem and objectives that address the following:

1. Statement of the problem.
2. Identified problem.
3. Services and treatment that include type of service, goal of service, realistic time frames for completion and will identify who is responsible for the completion of goals and the provision of services.

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

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

Treatment/case plans were also reviewed by counselor, parent and youth at 30, 60 and 90 day intervals (when applicable). Documents reviewed to confirm practice of this indicator were the Treatment Case/Service Plan, Needs Assessment and Child Self-Reported Needs Assessment.

There were no exceptions noted for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all key elements of Quality Indicator 2.04, Case Management and Service Delivery.

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

Regular procedures are:

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

Six files (four open, two closed) were reviewed for this indicator. Of the six files, two were for clients receiving services at school in groups while the remaining four were individual client files. There were a few referrals made to agencies for corresponding issues identified in the needs assessment as well as treatment/service plan.

Case manager coordinated service plan implementation, monitored youth and family's progress and provided support for families. One file, 1749, the counselor offered to assist a family locate services, but no actual referral for services was made for the family. There was no indication in the file that the counselor subsequently followed up on the statement.

None of the reviewed files needed out-of-the-home placement monitoring and none were referred for Case Staffing. Additionally, no youth/families needed to be accompanied to court. Two of the six files had case termination notes. The remaining closed files were not yet eligible for follow-ups. Documents reviewed to check this indicator were: Progress Notes Needs Assessment Treatment Case/Service Plan 30 and 60 day Follow Up Data Form.

Exception:

One file, 1749, the counselor offered to assist a family locate services, but no actual referral for services was made for the family. There was no indication in the file that the counselor subsequently followed up on the statement.

2.05 Counseling Services

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that addresses all key elements of Quality Indicator 2.05, Counseling Services.

Each youth will be assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision or referral. Processes for case management include:

- 1. Establishing referral needs and coordinating referrals based upon ongoing assessment.**
- 2. Coordinating service plan implementation.**
- 3. Monitoring youth's/family's progress in services.**
- 4. Providing support for families.**
- 5. Monitoring out-of-home placement.**
- 6. Referral to the case staffing committee as needed.**
- 7. Recommending and pursuing judicial intervention in selected cases.**
- 8. Accompanying youth and parent/guardian to court hearings and related appointments if applicable.**
- 9. Referral to additional services.**
- 10. Continued case monitoring**
- 11. Case termination and follow-up.**

The observed files indicated services were provided primarily at client schools while some were provided in home. Case plans, case notes, and Needs Assessment documents were all consistent with the identification of needs and included a plan to address plans and objectives. Each reviewed file indicated there were ongoing processes in place for supervision of the by the supervisor signing 30, 60, 90 day reviews. The Treatment Case/Service Plan, Needs Assessment, Child Self-Reported Needs Assessment and Progress Notes of each file was evaluated for this indicator.

There were no exceptions noted for this indicator.

2.06 Adjudication/Petition Process

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has multiple policies covering Adjudication Services and CINS/FINS Petition Process. The agency has a specific policy for adjudication services that addresses staffing committee meetings. The staff committee policy ensures that the Tampa Housing Authority can successfully convene and coordinate a legislatively mandated committee of system partners.

Specifically, the agency must be able to facilitate meetings that involve assembling representatives from multiple system and local agencies that include Tampa Housing Authority, Department of Juvenile Justice

Attorney; local school district, local mental health treatment agencies, and other parties as needed. The agency is required to activate the CINS/FINS Petition Process upon request by a parent and/or guardian. The agency must also notify, conduct and facilitate all meetings between parent/guardian, DJJ, Court, and other associated parties. This process requires the development of time sensitive notices, meetings and family plans that must be disseminated to the parent/guardian and all required parties accordingly. The committee also provides regular input related to the youth's progress, staffing plan and other requirements.

At the time of this on site Quality Improvement program review, the agency did not have any examples of conducting case staffings or petitions in the last year.

No exceptions are noted for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The Tampa Housing Authority Agency has a policy titled Youth Records. The policy describes the agency's method for collecting, storing and securing confidential information obtained on clients serviced by the program. The methods include gathering and placing client file information for the purposes of providing CINS/FINS services. The policy supports the agency's goal of practicing measures to protect all confidential information collected from clients and families in order to provide CINS/FINS services. A review of this standard resulted in it meeting the general requirements of this indicator. The policy was last reviewed and approved by the agency on October 18, 2017.

The Tampa Housing Authority has procedures related to protocols for maintaining client records. The agency has procedures that include following a standardized client file format. The protocols also include maintaining client files that are stamped confidential. The agency also requires that confidential client information be placed in files that are stored in locked storage containers/cabinets in the agency's administrative office. In addition, agency procedures required that files used outside of the office be placed in secured, locking containers.

All records reviewed on site were marked confidential. A total of eleven (11) client files were reviewed during the onsite program review. All client cases reviewed on site are housed in a locked room adjacent to the THA counseling offices. Initially, the room that houses the metal file cabinets containing all closed client files was not marked confidential. However, the metal file cabinets were locked with a key locking mechanism. Prior to the end of the program review the program placed a sign on the door.

No exceptions are 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