



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-Orlando

on 03/07/2018

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	Not Applicable
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/FNYFS

Melissa Quinn, LMHC; Clinical Support Manager; Boys Town of Central Florida

Nitara LaTouche, Quality Management Manager, Children's Home Society of Florida (WaveCREST)

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 | 0 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input checked="" 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 | 0 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 4 # 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 | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

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

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.

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.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy on background screening. The current policy is called Background Screening policy. The policy requires that all agencies conduct background screening measures that ensure that background screening measures are completed on all employees, contracted staff members, volunteers, interns, mentors employed by, working or collaborating with the agency. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017.

The agency has procedures in place to prevent harm to clients that are participating in Thaise Programs. The procedures require that the agency complete and received an eligible rating for all staff, employees, volunteers, mentors, prior to them being hired or appointed by the agency. The procedures also require that the agency complete a rescreening every 5 years of employment or contract period. Further, the agency is must also completed and submit the Annual Affidavit of Compliance with Good Moral Character Standards to the Florida Department of Juvenile Justice Background Screening Unit by January 31 of each year.

The agency provided personnel files for employees and contracted staff members. The agency has a total of six (6) team members. The agency has four (4) case managers, an administrative and data entry staff member and an executive director. All 6 staff members have evidence of a completed background screening with favorable Eligible ratings documented for all staff. At the time of this onsite program review, there were no staff members that had a 5-year background screening that was due. The agency's Executive Director has a 5-year rescreen that is not due for rescreening until her anniversary date in May 2018. An additional part time Case Manager also has a 5-year rescreen that is not due for rescreening until his anniversary date May 3, 2018. As of the date of this onsite QI program review, the agency was in compliance with all rescreening standards. The agency submitted evidence of a completed Annual Affidavit of Compliance with Good Moral Character Standards covering all 3 TEET CINS/FINS program sites to the Florida Department of Juvenile Justice Background Screening Unit by January 31 of each.

There were no noted exceptions for this 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 agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.02. The provider has a policy that includes the employee handbook; Code of Conduct; Abuse Reporting; Grievances and Incident Reporting. The TEET (Thaise Educational and Exposure Tours) Inc., provides a formal complaint resolution procedure for employees to utilize. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017.

The policy also addresses the provision of a grievance process for youth. The procedure for provision of an abuse free environment captures many different sections and steps. It allows for an informal and non-intimidating meeting with the results documented on the grievance resolution form. The client/staff member/family, as well as any other pertinent parties, are invited to participate in a meeting to come to an agreement as to the resolution of the problem. A section of the policy is the reporting section that indicates the client/family/interested party will complete a client grievance resolution form that should be completed when the verbal interaction did not resolve the issue. The content of the grievance meetings is recorded on the client grievance resolution form. The form is transmitted to the director within two (2) business days of the conclusion. A copy of the final recording is provided to the person served and to the director, and the original is placed in the file.

During this onsite program review, the reviewer observed the abuse hotline number posted in one (1) location in the main office area near where CINS/FINS intakes are completed. The agency maintains a binder with detailed information on how to report abuse allegations; forms to fax in child abuse reports; and a log for each month where calls and or reports are documented and logged. Since the date of the last onsite QI Program review there have not been any calls or reports made to any report receiving entity.

The agency has grievance forms available in the common area. Onsite interviews were conducted with the Executive Director and one recently hired staff person. During these interviews the Executive Director and staff reported a clear understanding of the process. They stated that the proper method for a grievance and the necessary steps that encompass the completed grievance process. Clients review the grievance process during the initial contact with the client and family and sign off on having received the procedure. The grievance process form clearly defines what the grievance process includes at each step of the progression. The agency requires the Case Manager to attempt to address the issue. The agency's policy requires that all grievances be addressed by the agency's management staff.

The reviewer reports an observation regarding the current grievance process. The current policy states that the Case Manager directly receive or address the grievance and address at this level, for the complaint and grievance. Florida Network policy requires that the agency grievance procedures permit the client to grieve actions of staff and conditions or circumstance related to their grievance. Direct workers shall not handle the grievance document unless assistance requested by youth.

Exception:

The current policy state that the Case Manager directly receive or address the grievance and address at this level, for the complaint and grievance.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

TEET, Inc. (Thaise Educational and Exposure Tours, Inc.) program policy was reviewed and is in accordance with the FI Network QI standard. The 'incident reporting' policy and procedure was reviewed and approved by both the Executive Director and board members on June 10, 2017. The program policy indicate that incidents must be consistent with the Department of Juvenile Justice (DJJ) requirements and will be reported to the Central Communications Center (CCC) as soon as possible, but no later than 2 hours after the incident occurs or the program learns of the incident. The phone number for the CCC is included in the policy and explains the purpose of reporting incidents to the CCC.

The program procedure details reportable incidents that are not applicable to CINS FINS but are required per the DJJ policy and includes the DJJ policy number in categories as follows: program disruption incidents, medical incidents, mental health and substance abuse incidents, complaints against staff incidents, and youth behavior incidents.

The procedure requires staff to report incidents first to the CCC, the TEET, Inc. Director and then to the Florida Network state office through the online system NetMIS to be followed up with a faxed copy of the written report. The procedure provides detailed description on the availability of incident reporting forms and that they are to be maintained in an accessible area for all staff. Staff are to be trained in completing the incident reporting forms and provides some examples of possible incident events that would require completion of the incident form. The procedure highlights the form is completed as soon as possible after the urgent situation has been addressed. The form requires the reporter include the contact information for the victim including their name, address number etc. as well as the specifics related to the incident that occurred. Staff are required to report all of this information to their chain of command at their specific location and as necessary staff will need to prepare a written, dated and signed statement relating events that were witnessed by the employee.

The program maintains incident reporting forms for staff to complete for incidents that meet the reporting procedure.

There were no incidents reported to the CCC between 7/1/17 to 3/7/18 as evidenced by reports provided by the Florida Department of Juvenile Justice – Central Communications Center.

The program maintains an incident reporting log book for each month to show any incidents that occurred for the month. The previous months for the past year were reviewed and there was evidence of the Executive Director's signature to show that incidents are being reviewed each month and the review form includes a list of which incidents occurred for the month or if there are no reported incidents for the month.

No exceptions were noted with this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

TEET, Inc. (Thaise Educational and Exposure Tours, Inc.) policies and procedures were reviewed for compliance with this indicator. There are 3 policies that were reviewed in relation to this indicator: New Employee Orientation, Development and Training, and CPR and First Aid Training. Each of the aforementioned policies was reviewed and approved by both the Executive Director and board members on June 10, 2017.

The program has a 'new orientation' procedure states program leadership will deliver the new employee orientation. Staff are required to complete 80 hours within the 1st year of employment and is in accordance with FL Network QI standards. New employees are required to complete orientation prior to being assigned full responsibility for service delivery and decision-making.

The 'development and training' procedures cover staff development principles, ongoing staff development, social services training, process and confidentiality. The Executive Director develops the annual training plan and training calendar based on the contract. The training required to be completed within 120 days of hire is specifically listed in the policy and is in line with the Florida Network QI standards for non-residential staff. The procedure also provides a detailed listing of trainings required within the first year of employment and the list of trainings staff are required to complete online in the DJJ Skill Pro learning management system. The procedure states that the staff are required to complete all required training hours based on the fiscal year calendar with an exception for any staff hired within 8 months of the fiscal year. The procedure states that program will maintain an individual training file including a tracking form and related documentation, such as certificates, sign in sheets, and/or agendas.

The 'CPR and First Aid' training procedure advises this is required for selected employees as described in the employee's job description or staffing plan. Per the policy, it is the employee's responsibility to maintain appropriate certification.

The program's 'new orientation' policy states that all full time staff will receive a minimum of 24 hours of job-related training annually and 20 hours for part time staff, however, this does not comply with the QI standard indicator 1.04 and both full time and part time staff are required to complete 24 hours annually.

Four staff training files were reviewed for this indicator. 2 out of 4 files reviewed in meeting compliance within 120 days of hire. There is evidence that the program maintains a separate training file for each employee that includes documentation to support the completed trainings and a training hours tracking form.

The program staff are required to maintain their own individual staff training file and keep track of their training hours. Each training tracking log reflects the course title, course description, date scheduled (or time frame to complete), location and how the training is to be provided, frequency, hours completed, and date of completion. In practice, 1 staff captured the trainings completed as part of the 'program orientation' to reflect compliance with meeting the trainings needed within 120 days of hire. Although, the tracking of training hours is not consistent in practice, there was no evidence of overlap of training hours with either new hire file reviewed.

Based on the evidence provided in the training files both files are on target to obtain the required 80 hours within 1st year of employment and have achieved approximately 50% of the required hours needed. The program orientation provided for new hire staff includes the majority of the required trainings needed within the 1st 120 days of hire. The executive director provided the new hire orientation to include 24 hours of training and listed each topic covered during orientation with signatures for both staff and trainer. The courses that were completed within the 120 day include: suicide prevention, CINS FINS Core training, Signs and Symptoms of Mental Health and Substance Abuse, Program Safety and Emergency Plan, Understanding Youth/Adolescent Development, PREA, Serving LGBTQ, and Reporting Abuse. None of the employee files reviewed met the 120-day timeframe at this time.

Two staff training files were reviewed for compliance with the annual training hours requirement. 1 staff file reviewed did not have evidence that Prison Rape Elimination Act (PREA) training was completed every two years, however, this course was completed on 3/6/18. 1 out of 2 files met all of the annual training requirements. It is recommended that staff continue to maintain their training tracking logs along with any related training documentation in their individual training files.

Exception:

1 staff file reviewed did not have evidence that Prison Rape Elimination Act (PREA) training was completed every two years, however, this course was completed on 3/6/18.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy called Analyzing and Reporting Information. The current policy lists the agency's approach to collecting, gathering and reviewing several sources of information to identify patterns and trends. The purpose of the policy is to ensure compliance is met by reviewing

data related to program services, performance, risk management, etc. The agency provided a copy of an agency-wide document indicating that all policies have been reviewed by the agency's CEO/Executive Director and the Board of Directors on June 10, 2017. In general, the agency's current Analyzing and Reporting policy is in adherence with the requirement of this indicator.

The agency has procedures and guidelines that must be followed by all employees and contracted staff members. The procedures regarding analyzing and reporting include the agency conducting an on-going quarterly review of client case record reviews; incidents, accidents and grievances; customer satisfaction data; outcome data; NetMIS data extracts/reports and FNYFS performance report cards. Additionally, the procedures require that the agency's management review the aforementioned reports, data sets and information on a routine basis. This information is to be review and communicated to the staff members and to the Board of Directors. The review of this information must also include the identification and review of strengths and weaknesses, identified, improvements are implemented or modified and staff are informed and involved on an on-going basis throughout the process.

The review of agency records used to verify processes for analyzing and reporting over the last six (6) months was conducted. The agency records found onsite for review for January 18, 2018 included TEET-ORL Manager's Meeting minutes/notes 01-18/2018 and NetMIS Data Extract for CINS/FINS Served and Admissions, Non-Residential Served/Exits, Data Entry, Services Completion and Follow Up Surveys, Cumulative Year to Date Performance Based on Contracted Deliverables. These meeting minutes include statistics, recruitment and opening of new cases/intakes and general staffing, operational and programmatic issues, enrichment class meetings, college exposure tour meetings, DJJ Meetings and community meetings.

The agency also submitted Quarterly Case records, Incidents, Accidents and Grievance Report Reviews ending the last 3 months of that include December 2017 quarterly report and January and February monthly binder forms. There were no reported findings for incidents, Accidents, or Grievances reported in the said quarter. Reports were made regarding all trips and outings made during the last quarter. The agency submitted meeting minutes for October 2017, November 2017, December 2017, January 2018, and February 2018 that included discussions focused on opening cases/admits, screenings, served, exits and the service completion rate. At the time of this on site program review, the NetMIS monthly data extract had not been released.

The reviewer assigned to this indicator interviewed the agency's CEO/Executive Director. The Executive Director reported that she conducts virtual and on-site program staff meetings at this site and the other 2 TEET non-residential program sites. The Executive Director reported that the agency mainly obtains its data on program performance from the monthly FNYFS NetMIS data extracts, quarterly reports and the Report Card. The reviewer found the agency completing reviews of monthly NetMis data extracts, risk management issues (incidents, accidents, and grievances), Satisfaction Surveys, and outcome data. There is documentation that the reports and minutes are being reviewed by management to the staff members. The agency is also identifying any issues that requirement improvement such as outreach, referral coordination, training to all staff on a routine basis.

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's policy was last reviewed by the agency's Executive Director and executive board members including the Board President, Vice President, Treasurer and Secretary on June 10, 2017. The policy requires that the agency promote the general services offerings of the Thaise Educational and Exposure Tours (TEET)-St. Petersburg CINS/FINS program to the community that primarily includes Pinellas county. The policy states that the TEET Program conducts outreach, marketing and promotion of its services to St. Petersburg and greater Pinellas County area. The goal of the outreach policy is to ensure that the community is general aware of the services, location and availability to those clients and families in need of its services. The review of this policy indicates that it meets that basic requirements of the indicator.

Thaise program staff coordinates and provides outreach services to community audiences, individuals, and groups with a particular customer focus and this information will be provided through group presentations, individual meetings, group discussions, short-term intervention groups, display/set-up and distribution of materials to various entities to include but are not limited to youth, parents, school, law enforcement, local Department of Juvenile Justice, government offices, elected officials, general public. Further outreach services may include establishing and training Safe Place business that help children on the street and in crisis, brochures for families, the Florida Network website which has links for youth and family topics of interest and ways to get help, community fundraisers and developing working relationships and inter local provider agreements with referral and service entities.

The Program Manager, who is the designee, provided meeting minutes for the Circuit 9 Juvenile Justice Circuit Advisory Board from November 9, 2016 and January 11, 2017 in which she participated. The program also keeps forms for their outreach services that provides the information as to whom the service was provided to, the purpose of the service, the event type, the topics discussed, the location, if applicable the school type, the method of the service, the audience information, the staff that completed the services, the location and the duration of the event.

The reviewer assessed a total of six (6) outreach dates logged in the agency's outreach tracking/document file. The agency has a record of attending local DJJ Circuit Board meetings, school meetings (elementary, high and middle schools), university and college tours, local health and community-based treatment agency events over the previous 6 months.

No noted exceptions for this indicator.

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. Designated staff members 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.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

TEET is aware of their clients needs and works within their limits of resources to provide the most accurate care. TEET recognizes the importance of an orderly and comprehensive intake process after a screening has been completed. The intake process starts with the staff, client and/or parent/guardian gathering critical information to help address immediate concerns and administrative needs. These policies were reviewed on June 10, 2017 and signed off by the CEO and Board members at that time.

There are 18 procedures for the intake process and 22 procedures for the screening, they cover all major case service requirements. The procedures document what needs to be included in the screening/intake process and outlines program requirements as well as client/family responsibility.

Six (6) case files were reviewed-- 3 open and 3 closed. 6 out of 6 files reviewed included a screening date within 7 days of referral. Parents/Guardians received the required documents in writing, including grievance procedures and were informed of the actions they may take through their participation with CINS/FINS.

No exceptions noted for this indicator.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The Needs Assessment is a professional tool used to gather and analyze information. The purpose of the assessment is to develop a comprehensive picture of the concerns presented by the family, determine the severity of the problem and provide the most accurate referrals and/or services for each client/family. This policy was last reviewed on June 10, 2017 and signed by the CEO and board members at that time.

There are 23 procedures identified and they follow all major regulatory requirements in regards to items that should be included on the Needs Assessment.

Six files were reviewed-- 3 open and 3 closed. Four out of six files reviewed had the Needs Assessment completed the same day as intake. The other two dates were incongruent with the Intake Date. (Youth CI & SO)

All assessments were completed by a Bachelor's/Master's Level staff and included the review and signature of a supervisor.

The previous program manager signed off as the supervisor on 4 out of 6 files reviewed. An interview was completed with Executive Director and this is only occurring for the interim until the newly hired program director will complete this (ED stated for approximately 60 days).

No suicide risk was noted on all 6 files, as all youth with a previous/current self-harm or suicidal risk are referred out.

Exceptions:

1 out of 6 files reviewed has the Needs Assessment date (1/29/18) listed before the Admission Date (1/31/18) & 1 out of 6 files has the Needs Assessment date listed as 9/28/18.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

TEET respects the clients right to refuse services and all treatment plans are developed with the clients input. Each treatment plan is individualized based on the clients needs/referrals and their strengths. TEET is committed to choosing the most appropriate and least restrictive forms of treatment. This policy was last reviewed on June 10, 2017 and signed by the CEO and board members on this date.

There are 22 listings included in the case/service plan procedure. All major regulatory requirements are mentioned and documented.

Six out of six files were reviewed. All 6 files included individualized goals identified by the needs assessment. Frequency, location, target dates, actual completion dates and signatures were all included as well. There was evidence the case plan was reviewed every 30, 60 and 90 days as applicable in all files reviewed.

No exceptions noted for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Case Management Services provide clients with the appropriate services/referrals needed to most successfully help them with the presenting concerns. This policy was last reviewed on June 10, 2017 and signed by the CEO and board members on this date.

There are 11 procedures listed for Case Management and 22 procedures listed for Service Delivery. All procedures reflect the current regulatory requirements for this standard.

Seven (7) files were reviewed-- 3 open and 4 closed. 7 out of 7 files reviewed had an assigned case manager/counselor, established referrals as needed, coordinated service plan implementation, monitored/documentated youth progress and provided support for families. 4 out of 4 closed files contained the appropriate documentation needed for case termination and included the 30 and 60 day follow ups when applicable. All files reviewed showed evidence of client being met at home, school and in the community.

No exceptions noted for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Thaise CINS/FINS services is a non-residential program, providing services to stabilize families during crisis situations, keep families intact and prevent involvement in the delinquency and dependency system to name a few. Services included are crisis intervention, assessment and screening, individual, group or family mentoring. Services are provided in the client's home, a community location, in the school or in the Thaise office. This policy was reviewed on June 10, 2017 and was signed by the CEO and board members at that time.

The procedure addresses referral source, target areas, length of service, required credentials, youth eligibility and services offered. All procedures listed under counseling services meet the recommended requirements for non-residential services.

Six out of six files were reviewed (3 open and 3 closed). All files reviewed address the youth's presenting problems in the Needs Assessment, the service plan and service plan reviews. Case Notes documented youth's progress in all 6 files and there was an ongoing internal review process in all 6 files.

The program refers out when needed for any individual/family or group counseling. Thaise provides on-going mentoring services and life skills. All mental health or substance use needs are referred to outside providing agencies.

There were no exceptions noted for this indicator.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

Thaise will work with the circuit court for judicial intervention for the family or youth as recommended by the case staffing committee. All judicial procedures including petitions, pleadings, subpoenas, summonses, and hearings in CINS cases must be in accordance with the Florida law and the Rules of the Juveniles Procedure.

There are 7 procedures listed for the adjudication/petition process. These are in accordance with the regulatory requirements.

Thaise does not have any adjudicated client files to review during this audit period. If/When they do, they will coordinate with Orange County Youth Services.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

Thaise's policy is to maintain confidential records for each youth. This was updated on June 10, 2017 and signed by the CEO and board members on this date.

There are 3 documented procedures for youth records that include all regulated requirements for this procedure.

Seven files were reviewed (3 open and 4 closed). Six out of seven files were marked "confidential" on both the front and back. 1 file was marked "confidential" on the front only. All files were kept in a secure and locked file cabinet marked "confidential." Files are rarely transported per CEO, however an opaque container marked "confidential" is available when needed. All 7 out of 7 files reviewed were organized and neat.

There were no exceptions 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

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Standard 4: Mental Health/Health Services

Overview

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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](#)