



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-St. Petersburg

on 10/18/2017

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

Felicia Wells, Program Director, Youth Advocate Programs, Inc. Paul Sheffer, Regional Monitor, Department of Juvenile Justice Keith Carr, Lead Reviewer, FOREFRONT on behalf of the Florida Network of Youth and Family Services (FNYFS)

Persons Interviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" 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 checked="" type="checkbox"/> Counselor Non- Licensed |
| <input checked="" 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 | 2 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 checked="" 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 | 7 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 4 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 4 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 3 # 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 | 6 # Other |

Surveys

0 Youth 3 Direct Care Staff

Observations During Review

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

At the time of this onsite DJJ/FNYFS Quality Improvement program review executed by FOREFRONT, the agency had no applicable example of case staffings and/or court petitioned clients available for review/assessment.

Strengths and Innovative Approaches

Rating Narrative

Thaise Educational and Exposure Tours (TEET) St. Petersburg 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 Pinellas 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 provides services to youth ages 6 to 17. Since their last quality improvement review, they have continued to reach out to children and families in the community. They have connected with many schools and used the opportunity to network at meetings to share information about CINS/FINS and TEET programming. This has resulted in recruiting many new clients.

Standard 1: Management Accountability

Overview

Narrative

The Thaise Educational and Exposure Tours (TEET) St. Petersburg program is currently staffed by Teresa Clove, Executive Director; Shanna Baker, Program Manager; Cara Dixon-Taliaferro, LMHC, Therapist; Mary Joyce Ackerman, Case Manager; and Blondell Clove, Administrative Assistant. 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. There were staff members hired within the review period. 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. This occurs 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 program has a policy which requires background screening to be completed prior to employment for all employees, contracted staff, volunteers, mentors, and interns which will have access to youth.

The program procedures requires the Executive Director to complete background screening on all employees, interns, and volunteers prior to offering them a position with the agency. The procedure requires this background screening to be completed through the Department of Juvenile Justice Background Screening Unit. Once a screening is returned with a rating of eligible, then and only then can the position be offered to the applicant. The procedures also include instructions for five-year rescreening. The procedures indicate all employees, interns, mentors, and volunteers will be rescreened every five years after their employment. Their procedure requires this five-year rescreening to be submitted at least 5 to 6 months prior to their anniversary date. Lastly, the policy has procedures which explain how they will complete and submit their Annual Affidavit of Compliance with Good Moral Character Standards form each year by January 31st. This is to be sent to the Department of Juvenile Justice Background Screening Unit. Once returned, this document is maintained in a file by the Executive Director.

The program hired a new Program Manager and a Case Manager during this review period. Each of their background screenings were returned with a rating of eligible prior to them beginning work with the provider. They are utilizing the new Clearinghouse system to conduct new employee screenings. There were no staff eligible for five-year rescreening this review period. The program completed and submitted their Annual Affidavit of Compliance with Level 2 Screening Standards on January 14, 2017, which meets the annual requirement.

No exceptions noted.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy which defines situations in which they will contact the Department of Children and Families to report any situations related to abuse or neglect.

The program procedures indicate all clients have the right to call in an abuse report at any time. The procedures require them to post informational signs which advise and inform clients of their unhindered right to call the Abuse Registry. The procedures give instructions for incidents which occur while youth are in the program, and for those which occur in the home or community. - When an incident of abuse, or allegation of suspected abuse is made, this must be reported first to the Florida Abuse Hotline, and then to the Department of Juvenile Justice Central Communications Center. - In situations when abuse occurs in the home, only the Florida Abuse Hotline will be called. The procedures indicate that when a youth asks for help making a call, the staff will dial the number and allow the child to make their report. The procedures allow for the youth to make the call on their own or with staff. This decision is made at the client's discretion. Once a call has been made, staff will notify the supervisor, who will log the call. The procedures also allow for reporting to be made to the Florida Abuse Hotline by

way of fax. When this route of reporting is used, the report should include the following:

- Name and address of parent(s) or guardian(s) or other person's responsible for the child's welfare
- Child's age, race, sex, and sibling(s) name(s)
- Nature and extent of abuse or neglect
- Identity of abuser, if known
- Reporters name address and telephone number, if desired
- Other information the reporter believes would be helpful in establishing the cause of injury or neglect
- Directions to the child's location at the time of the report

Lastly the policy requires the completion of an incident report whenever a client makes a call to the Abuse Registry.

A tour was conducted by the review team, and observations found they have postings which advise and inform clients of their rights to call the Florida Abuse Hotline. The program has a code of conduct in place with governs the behavior of its employees and volunteers. The guidelines prohibit profanity, vulgarity, sexual innuendos, obscene or inappropriate jokes, sharing intimate details of one's personal life, derogatory or offensive comments, and any kind of discrimination or harassment. A review of two new staff personnel files found each included a code of conduct which was signed at their time of hire. A review of three personnel training files found each completed training on child abuse reporting. The program maintains a binder in which they will maintain all incident reports to document calls made to the Florida Abuse Hotline. A review of records, and an interview with the program director, indicated no calls were made to the Florida Abuse Hotline during this reporting period. The program has a policy which defines their discipline standards which would be followed in the event of incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force. An interview with the program director confirmed the program has not had any incidents this reporting period which would require them to take immediate action to address. The program has a written policy and procedures for the grievance process. This policy includes instructions for how the program will resolve employee and youth grievances. The program does not have a grievance box. Their policy indicates the youth will hand any written grievances to the program director. They have not had any formal grievances submitted during this review period.

No exceptions found.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy to standardize incident reporting to ensure accuracy and detail.

The policy requires an incident report to be completed by staff whenever an event occurs which requires staff intervention to manage the incident. Examples listed in the policy are:

- Medical injuries or conditions
- Physical danger issues, threats of violence to self or others, fights or altercations
- Possession of harmful, forbidden or dangerous items
- Property damage or theft
- Suspicious persons, criminal activity
- Runaways
- Suspicion of abuse/neglect/exploitation (at the program or while in their care)
- Death or other extraordinary circumstances

Once an incident has occurred, staff are to fill out the incident reporting form as soon as things have settled down. This incident report forms includes information about those involved, what type of incident occurred, identifying information of participants, and a brief description of the incident. This information must be reported to the Program Director as soon as possible so they can determine if the incident is reportable. If the determination is made that the situation is reportable, then a report will be made to the appropriate authority (Central Communications Center, Florida Network, and/or the Florida Abuse Hotline) within 2 hours of the incident. Non-reportable incidents will also be documented in the incident report file, and will be documented in the corresponding youth's progress notes.

The program maintains a binder which is in place to record all incident that occur in the program. The binder has incident report logs which are completed by the Program Director monthly to document any incidents which have occurred during the month. A review of the logs for this reporting period found no incidents have occurred during the past six months which would have required reporting to the Central Communications Center (CCC).

No exceptions found.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program promotes and develops a staff development program that is responsive to the need of staff, volunteers, and community members who serve children and families, ultimately improving services to those children and families.

The program indicates they will develop and monitor a Training Plan which is reviewed annually and revised in accordance with the assessment of training needs. All Thaise staff shall have a minimum of 80 hours of training for the first full year of employment, and 24 hours of training each year after the first year.

1. Required training for the first year must include the following topics and must be completed within 120 days of hire:

- Local provider Orientation Training
- CINS/FINS CORE Training
- 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

2. The following additional training must be completed within the first year of employment:

- An in-service component, which addresses specific on-the job training
- Fire Safety Equipment Training
- Serving LGBTQ Youth
- Cultural Humility

3. The following DJJ SkillPro Learning Management System Training Courses are also required:

- Course #45 Information Security Awareness
- Course #110 PREA
- Course #111 Sexual Harassment
- Course #112 EEO
- Course #125 Trauma Informed Care
- Course #127 Suicide Prevention Training Part 1
- Course #193 Suicide Prevention Training Part 2
- Course #168 Child Abuse: Recognition, Reporting, and Prevention
- Course #316 Human Trafficking 101

The Thaise program maintains an individual training files for each staff, which includes an annual training hours tracking form and related documentation.

A review was conducted for two new staff records for new hire training (one training record for the clinician). The review of the two new staff records found all training course requirements were completed within 120 days of hire. Each of the records were found to contain a training plan, which documented completed trainings. The records also contained sign-in forms, agenda, and certificates from completed trainings. The training record for the established staff reflected completion of over 24 hours, which included all required topics. The record for the program clinician found they have current CPR/first aid training. They are a Licensed Mental Health Clinician (LMHC) with a current, active license. An interview with the Program Director indicated they work approximately 5.5 hours a month to assist with program youth. The program manager still needs to complete the training course on "Cultural Humility". Interviews with program staff confirm this training is being offered later this month, and all program staff are scheduled to attend.

There were no exceptions documented for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has an Analyzing and Reporting policy. The policy is also titled by the same name. 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 also requires that the agency management and the Board of Directors review monthly data reports. The policy states that the Thaise Program collects and reviews several sources of information to identify patterns and trends. The review of this policy indicates that it meets the basic requirements of this program indicator.

The agency's procedures require that the program conduct quarterly case record reviews of all client reports. There is also a review of any applicable incidents committed, any accidents and grievances. Additionally, the review requires quarterly review of client satisfaction survey or exit interview data. The agency also has a monthly review of NetMIS data reports. Further, each month the Program utilizes the monthly report to assess the current monthly caseload goals. Major goals include determining that the monthly goal was met. Use Monthly/Quarterly Report Reviews of this data include Number of Non-Residential Clients Served Screenings within 3 days, 30, 60, 90 day follow-up tracking, Completion rates, Year to Date Screenings and Exits numbers. The agency also reviews monthly performance benchmark percentages.

A review of agency practice includes observations of agency documents used to document the review of monthly deliverables completed. The agency uses a TEET Monthly Report to document highlights of the month including program manager report to staff, outreach activity, cases: open/closed, on-going challenges and rewards. The agency documents monthly and quarterly activities specifically focused on output data elements that include Florida Network's NetMIS data extract. The NetMIS data extract includes screenings, assessments, intakes, treatment/services plans, follow up, discharges, client/family surveys. The agency also tracks monthly staff meeting information in a 3-ring binder. This report is a summary reporting of general issues discussed by staff on an monthly basis. The agency utilizes grading reports produced by the Florida Network. This reports is called the Agency Report Card. The report reflects productivity and completion grades achieved by the agency over a quarterly or more period.

No exceptions are 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 policy. The Outreach policy is titled the same name. 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 generally 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 the basic requirements of the indicator.

The agency's Executive Director has procedures in place to execute the procedures required to implementing the agency's outreach initiatives. The agency requires all staff that carry a caseload to market and promote the agency's services when working in the general community. The agency requires all staff to create new relationships with other community-based programs and organizations that include local Pinellas County elementary, middle and high schools. Other local organizations and events that staff are required to partner with include local community health

and mental organizations, boys and girls clubs and general community-wide health and wellness awareness events that are conducted throughout the calendar year. An additional procedure unique to the agency is that the agency maintains relationships with colleges and universities and offers and arranges on campus tours to expose high achieving clients the opportunity to see and experience a post-secondary institution while in the program.

The agency provided documentation related to its monthly reporting from April 2017 through September 2017. Monthly reports recap several topics including highlights of the month; program manager meeting topics; outreach; cases opened and closed; plans for the month; ongoing challenges; and rewards. Each of the sections includes a summary of the aforementioned topic with basic details described under each category. The agency uses outreach to different schools by communicating with the schools guidance counselor to inform them of the agency services. The agency also leaves behind flyers and promotional materials for the guidance counselor to disseminate to students and/or parents. Information can also be disseminated to teachers. The monitor assigned to this indicator was provided with information on outreach activities conducted by the agency over the last six months. In April, the agency connected with several organizations including Village and Cross Programs, Campbell Park Elementary School, Lealman Academy, John Hopkins Middle School, Bay Point Elementary, Bay Point Middle School, and Lakewood Elementary School. In May, the agency's Program Manager visited a different school to hand out flyers and contacted the Girl Scouts of West Central Florida to inform them about the program and services. In June, the agency visited different summer camps to promote and make camps and their attendees aware of the program services for clients and their families. In July and August 2017 the agency visited the juvenile welfare board meeting to participate in the meeting to promote and market its services. In general, the agency's documentation of outreach activities reflects information that is a basic description of what the agency has been doing. The documentation also lists where the agency is marketing its services. The agency can also document outreach activities in the NetMIS system to help automate the process of recording all outreach events. The agency provided some documentation of attending Juvenile Welfare Board meetings in Pinellas County. The peer reviewer was provided supporting attendance documentation at 2 meetings (March 2017 and July 2017) observe documentation to verify attendance at local DJJ board meetings. The next Pasco County DJJ Circuit Board meeting is scheduled for November 2, 2017. The agency has partnership agreements with several agencies. A review of the last 2 years of 2015 to present indicates that the agency has specific partnerships with Cohort of Champions, USF Family Resource Center, Caring Community Counseling, School Resource Officer Michael Hawkins, Men Yesterday, Today and the Future, Enoch Davis Center, Gibbs High School, Police Athletic League, John Hopkins Middle, and Lakewood Elementary School. The YEAH program is designed to assign agency representatives to promote the program, educate and raise the community's awareness of utilizing CINS/FINS services. At the time of this program review, the agency did not provide clear evidence of the policy requiring that the program address participating in local Department of Juvenile Justice Circuit Court meetings.

The indicator had not documented exceptions.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Thaise Educational and Exposure Tours (TEET) St. Pete location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Pinellas County. They target at-risk youth from ages 6-17 who may be exhibiting behavioral and academic issues and 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 a various array of issues presented by youth and their families. 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. Thaise provides college tours within Florida at least one-three (1-3) times a year to expose the youth to possible college/university choices. Once a month, they provide an enrichment opportunity where a professional guest speaker will share their story or focus on a specific topic i.e. life skills, anger management, or substance use prevention.

2.01 Screening and Intake

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of the CQI indicator. The policy manual was last updated in 2016 and approved by the board of directors.

The provider's procedure requires the initial screening for eligibility to take place within seven (7) calendar days of referral by a trained staff member using the NetMIS screening form. Provider's procedures also require parents are given the following:

1. Available service options
2. Rights and responsibilities of youth and parents/guardians
3. Possible actions occurring through involvement with CINS/FINS services
4. Grievance procedures

A total of seven (7) non-residential files were reviewed. All files reviewed demonstrated eligibility screenings were done within seven (7) calendar days of referral, youth and parents/guardians received available service options, Rights and responsibilities of youth and parents/guardians and Parent/Guardian Brochure. Documentation in the file also demonstrated the youth parents/guardians received information on possible actions occurring through involvement with CINS/FINS services and Grievance procedures.

There were no exceptions.

2.02 Needs Assessment

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of the CQI indicator. The policy manual was last updated in 2016 and approved by the board of directors.

The agency's procedure for its Psychosocial Assessment requires completion within two to three face-to-face contacts following the initial intake or updated if most recent needs assessment is over six months old. The agency's procedure also requires all Psychosocial Assessments be completed by at a minimum Bachelor's level staff and signed by a supervisor and if suicide risk component of the assessment is required (as a result of suicide risk screening), it must be reviewed by (signed and dated) by a licensed clinical supervisor or written by licensed clinical staff.

A total of seven (7) Non-residential files were reviewed. Three (3) files were closed cases and four (4) files were open cases. All files reviewed demonstrated the needs assessments were done within two (2) to three (3) face-to-face contacts after the initial intake. All needs were signed by a Bachelor's level staff member and were signed by a supervisor's review signature. There were no youth identified with an elevated risk of suicide as a result of the Needs Assessment. Although the agency policy and procedure was reviewed in 2016, the policy and procedures

states "The psychosocial assessment is a multi-method" and the procedure states "For youth receiving non-residential services a psychosocial assessment should be completed within two to three face-to-face contacts...written psychosocial assessments shall be completed on all youth who receive services. Psychosocial assessment, the youth shall be referred for...Psychosocial assessments should include...If the psychosocial assessment includes...Psychosocial Assessment: During the psychosocial assessment process". It was observed the agency had not updated their policy and procedures to reflect the terminology used on their documentation--needs assessment versus psychosocial assessment.

There were no exceptions.

2.03 Case/Service Plan

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of the CQI indicator. The policy manual was last updated in 2016 and approved by the board of directors.

The agency's procedure requires case/service plan is developed with the youth and family within seven (7) working days following completion of the assessment. The plan included: 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment. 2. Service type, frequency, location. 3. Target date(s) for completion. 4. Actual completion date(s). 5. Signature of youth. 6. Signature of parent/guardian. 7. Signature of counselor. 8. Signature of supervisor. 9. Date plan was initiated. Reviewed for process/revised by counselor and parent (if available) every 30 days for the first three months and ever six (6) months after.

A total of seven (7) non-residential files were reviewed. Three (3) files were closed cases and four (4) files were open cases. All files reviewed contained documentation of service plans individualized, service type, frequency location, target dates, completion dates, signatures of youth, parent/guardian, counselor and supervisor, date plan was initiated. One (1) of the seven (7) files reviewed did not have a thirty (30) day review because it was under the initial thirty days. The Case/Service Plan date for JL was 09/21/2017 and this reviewer reviewed the file on 10/18/2017, three (3) days prior to the thirty (30) day review.

There were no exceptions.

2.04 Case Management and Service Delivery

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of the CQI indicator. The policy manual was last updated in 2016 and approved by the board of directors.

The agency's procedure requires each youth to be assigned a counselor/case manager who follows up with the youth's case and ensure delivery of services through direct provision or referral. The agency's process of case management includes: 1. Establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's problems and needs; 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, if necessary; 6. Referrals to the case staff committee, as needed to address the problems and needs of the youth/family; 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, if needed; 10. Continued case monitoring and review of court orders; and Case termination with follow-up.

A total of seven (7) non-residential files were reviewed. Three (3) files were closed cases and four (4) files were open cases. All files reviewed had counselor/case manager assigned. There was documentation from the counselor/case manager on service plan implementation, monitoring of youth's/family's progress in service, provided support for families and case monitoring. All files reviewed had no referral needs based upon the on-going assessment of the youth's/family's problems. There were not out-of-home placements in the files reviewed. Three (3) of the case files had termination case notes and one (1) file had not yet been closed. Two (2) files were documented for the 30 days and 60 days follow-up of exit.

There were no exceptions.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of the CQI indicator. The policy manual was last updated in 2016 and approved by the board of directors.

The agency's procedure requires eligible youth staff initiate a Needs Assessment and requires the Needs Assessment to be completed within the first two (2) to three (3) face-to-face sessions with the family and/or youth. The agency's process of counseling services includes: 1. Case file coordination between presenting problem(s), needs assessment, service plan, service plan reviews, case management services and follow-up. 2. Individual case files on all clients and adhere to all laws regarding confidentiality. 3. Maintain chronological case notes on the client's progress. 4. Maintain an on-going internal process that ensures review of case records, client management and staff performance regarding CINS/FINS services.

A total of seven (7) non-residential files were reviewed. Three (3) files were closed cases and four (4) files were open cases. All files included a Needs Assessment, Initial Case/Service Plan, Case/Service Plan reviews. All case notes maintained for all counseling services provided and documented youths' progress. There was evidence of on-going internal process that ensures clinical reviews of case records and staff performance. Six (6) of the seven (7) files had documentation of youth and families receiving counseling services in accordance with the Case/Service Plan. The Program provided individual/family counseling services to all seven (7) youth files that were reviewed. Group counseling sessions consisted of the following: 1. Clear leader or facilitator 2. Clear and relevant topic (information/developmental/educational) and Opportunity for youth engagement

Exceptions: One (1) of the seven (7) files had no documentation of youth and family receiving counseling services. There was no documentation on the start time and end time. According to youth progress notes: - Youth; RS, progress notes, pages 1, 4, 2, 3, 4 there were two (2) page four. - Youth; TR o 6/14/17 start 10:00 – end 10:05 o 7/6/17 start 11am – 10:05 - Youth; SB o 7/21/17 start 10am – no end - Youth; JT, Progress Notes on o 6/15/17 start at 11am – no end o 7/06/17 start 2pm – no end

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has an Adjudication and Petition policy. The policy is also titled by the same name. The policy also requires that the agency maintain a detailed policy that ensures that the organization can conduct and manage the CINS/FINS adjudication and petition process. The policy states that the Thaise Program work directly with families and community system partners to successfully address the issues of prospective clients and families in need of this service. 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 overall review of this policy indicates that it meets the basic requirements of the indicator.

The agency has a written policy and procedure to ensure that the agency has the ability to successfully work with families that request that the TEET program activate the Adjudication and Petition process on their behalf. The agency's procedures address the case staffing petition process upon the family requesting that it be enacted. The agency has a process in place that is active when there is a need of services or treatment based on the if the youth and family is not in agreement with the services/treatment designed to resolved their status offender issue; the youth and family are not and will not actively participating in the services selected; and the agency is in receipt of a documented written request from the parent and or guardian or any other member of the official system partner committee. The agency's case manager is required to work with the circuit court for judicial intervention on behalf of the family, as recommended by the official case staffing committee, in accordance with the CINS/FINS policies and procedures. The agency has an existing relationship with Family Resources, which is a full service CINS/FINS service provider that operates the emergency shelter in Pinellas County. When applicable the agency coordinates its CINS/FINS case staffing committees and other related court-ordered case at the Family Resource Center in Pinellas County, and clients can be referred, as needed and appropriate.

At the time of this onsite Quality Improvement review, the agency did not have any examples of case staffing, petitions or adjudications available for review/assessment for evaluation/assessment.

No exceptions were documented for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a Youth Records policy. This policy is titled by the same name. 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 maintains a general practice that supports confidential handling client case file information in and outside of the office by all staff members across all of its agencies. In addition, the agency has relating policies that address Confidentiality of Records. This policy is call Confidential Records. The review of this policy indicates that it meets the basic requirements of the indicator.

The agency's Confidential Records and Client Case file procedures has not changed from last year's 2016-2017 policy. The procedures require that all Youth Records not in possession of a staff member be kept secured and kept confidential behind a locked door in a locked file cabinet that is marked confidential and only accessible to the program's staff. The files in possession of a staff member that are required to be used offsite during service delivery are required to be transported in a locked non-see through container that is also marked confidential. The procedure also calls for each client file to be organized in an orderly manner for ease of access to the file and its contents.

The reviewer of this indicator and other review team members assessed a total of eight (8) client files to determine the agency's adherence to the requirements of the Youth Records performance indicator. The agency has all active client files organized in 3-Ring plastic binders. Each client case file is divided into 2 sections listed as a left and right side. The File Checklist sheet is located on the Left Side and includes a Screening Form; Consent to Services; Confidential Release; Suicide Assessment; Suicide Probability Scale; SPS Score Level of Risk; Psycho-Social; Service Plan; NetMIS; Initial Staffing; Case Staffing; Petition; and Plan Reviews. The TEET Face Sheet is located on the Right Side. The File Checklist that includes Closing/Discharge Summary; Treatment/Service Plan; Goal/Objective Form; Screening Form; CINS/FINS Intake Assessment Form; Intake Info; Demographic; Issues; ATOD; FAM; Psychosocial; Florida Prevention Assessment; NetMIS; Services; and Service Satisfaction Questionnaire. All 8 files reviewed on site met the formatting, organization and secure storage requirements accordingly. No infractions to the said protocols were found across this sample.

No exceptions were documented 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](#)