



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Educational and Exposure Tours – St. Petersburg
on October 9, 2018

Compliance Monitoring Services Provided by





Quality Improvement Review

Thaise Educational and Exposure Tours – October 9, 2018

Lead Reviewer: Ashley Davies

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Not Applicable
3.02 Program Orientation	Not Applicable
3.03 Room Assignment	Not Applicable
3.04 Log Books	Not Applicable
3.05 Behavior Management Strategies	Not Applicable
3.06 Staffing and Youth Supervision	Not Applicable
3.07 Special Populations	Satisfactory
3.08 Video Surveillance	Not Applicable

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: **100%**

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%



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Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team:

Ashley Davies, Lead Reviewer/Consultant, Forefront LLC

Constance Shaw, CINS/FINS Truancy Navigator, Bethel Community Foundation

Kenneth Kochenderfer, Case Manager, Sarasota Family YMCA



Quality Improvement Review

AGENCY – DATE OF REVIEW

Lead Reviewer: NAME

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2018).

Persons Interviewed

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Executive Director | <input checked="" type="checkbox"/> Counselor Licensed | _____ # Maintenance Personnel |
| <input checked="" type="checkbox"/> Program Manager | <u>2</u> # Case Managers | _____ # Program Supervisors |
| <input type="checkbox"/> DJJ Monitor | <u>1</u> # Clinical Staff | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> DHA or designee | _____ # Food Service Personnel | |
| <input type="checkbox"/> DMHA or designee | _____ # Healthcare Staff | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>0</u> # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>2</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>3</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>3</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>4</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

NA # Youth **NA** # Direct Care Staff **NA** # Other: _____

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <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"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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



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Strengths and Innovative Approaches:

The agency received a grant for \$7,500. With this grant money staff were able to take youth on college tours, trips to different events, and provide workshops for the youth in the program. The agency was able to help the youth experience different opportunities.

The agency conducts outreach activities each month in order to recruit new clients for the program and educate the community about the services provided at the program.



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Standard 1: Management Accountability

Overview:

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 no 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 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 of Employees/Volunteers

Satisfactory

Limited

Failed

The agency has a policy on Background Screening. The policy was last reviewed on June 9, 2018 by the Board of Directors.

The program procedures require 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 five to six months prior to their anniversary date. Lastly, the policy has procedures which explain how they will complete and submit their



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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.

There have been no newly hired staff since the last on-site review. Additionally, 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 31, 2018, which meets the annual requirement.

The agency has begun using Avatar as a pre-employment assessment. The applicant is required to complete an assessment which measures the applicant's cognitive abilities, knowledge and skills, personality characteristics, behavioral history, and emotional intelligence. The assessment uses photo identification to ensure the same person completes the entire assessment. There is also a Test Results and Interview Guide that is created from the assessment. The test results give a rating score for each of the above areas that were assessed. An overall compatibility score is given to the applicant. The Interview Guide gives suggested questions to ask the applicant based on results from the assessment.

Exceptions: There were no exceptions to this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

The agency has a policy on Provision of an Abuse Free Environment. The policy was last reviewed on June 9, 2018 by the Board of Directors.

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



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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, 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. Staff personnel files found each included a code of conduct which was signed at their time of hire. A review of 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. They have not had any formal grievances submitted during this review period.

Exceptions: There were no exceptions to this indicator.

1.03 Incident Reporting

Satisfactory Limited Failed Not Applicable

The agency has a policy on Incident Reporting. The policy was last reviewed on June 9, 2018 by the Board of Directors.



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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 two 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 incidents that occur in the program. The binder has incident report logs which are completed by the Program Manager 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 since the last on-site review which would have required reporting to the Central Communications Center (CCC).

Exceptions: There were no exceptions to this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

The agency has a policy on Training. The policy was last reviewed on June 9, 2018 by the Board of Directors.



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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.

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

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

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



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- 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. The review of the two new staff records found all training course requirements were completed within 120 days of hire. In addition, all other trainings required within the first year of employment were also completed. The staff each documented 83 and 88 hours of training. 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.

There were two training records for the established staff reviewed. The records reflected completion of over 24 hours, which included all required topics. Each staff documented 117.5 and 28 hours of training. 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 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.

Exceptions: There were no exceptions to this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

The agency has a policy on Analyzing and Reporting Information. The policy was last reviewed on June 9, 2018 by the Board of Directors.

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. Monthly/Quarterly Report reviews include: number of non-residential clients served, screenings within 3 days, 30, 60, 90-day follow-up



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tracking, completion rates, year to date screenings, and exit 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 a monthly basis. The agency utilizes grading reports produced by the Florida Network. This report is called the Agency Report Card. The report reflects productivity and completion grades achieved by the agency over a quarterly or more period.

Exceptions: There were no exceptions to this indicator.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

This indicator is not applicable for this review.

1.07 Outreach Services

Satisfactory Limited Failed

The agency has a policy on Outreach Activities. The policy was last reviewed on June 9, 2018 by the Board of Directors.

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 club and general community-wide health and wellness awareness events that



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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 January 2018 through September 2018. 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 topics with basic details described under each category. The agency uses outreach to different schools by communicating with the school's 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. Information on Outreach activities for the last six months was reviewed. In April, the agency connected John Hopkins Middle School and attended a DJJ meeting at Bethel Community. Staff discussed the program and passed out flyers. In May, the agency set up a table in the community center for a Mental Health Awareness outreach. In June, staff volunteered at Feed Tampa Bay and also handed out flyers with information about the program. The agency also set up at table in the community center to help recruit more clients and hand out information about the program. In July, staff reached out to different families within the community to network. In August, the staff attended a First Responder community event and handed out information on the program. In September, the staff attended the Pamper St. Petersburg community event and set up a table to hand out information on the program and answer any questions. 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 documentation of attending the DJJ Advisory Board meetings in Pinellas County. There was supporting documentation provided for the last two meetings attended by staff, February and May 2018. The agency has partnership agreements with several agencies. A review of the last 2 years of 2016 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.

Exceptions: There were no exceptions to this indicator.



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Standard 2: Intervention and Case Management

Overview:

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 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

The agency has a written policy in place titled Screening and an additional policy titled Intake. These policies were last reviewed on June 9, 2018 by the Board of Directors.

The providers procedures require that the initial screening for eligibility will occur within (7) calendar days of a referral by a trained staff using the NETMIS screening form. It also requires that families receive the following during the intake process: Available service options; Rights and responsibilities of youth and parents/guardians; Possible actions occurring through involvement with CINS/FINS, Domestic Violence and probation respite cases; and Grievance procedures.

There were seven files reviewed, four open and three closed. All seven files had documentation of screenings completed within seven calendar days of referral. There



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was documentation that the youth and parent/guardian received: Rights and Responsibilities, Grievance procedures, and the CINS/FINS brochure which details available service options and possible actions occurring through CINS/FINS services. There was documentation in all seven cases the parent/guardian initialed receipt of the above documents.

Exceptions: There were no exceptions to this indicator.

2.02 Needs Assessment

Satisfactory Limited Failed

The agency has a written policy in place titled Needs Assessment. The policy was last reviewed on June 9, 2018 by the Board of Directors.

The providers procedures require for youth receiving non-residential services that a Needs Assessment should be completed within two to three face to face contacts following the initial intake or updated if the most recent Needs Assessment is over six months old. Any exceptions are to be documented. It further requires that the Needs Assessments be completed by a bachelor's or master's level staff and include a supervisor review signature upon completion. When a youth is identified as having a suicide risk factors during the Needs Assessment, the youth shall be referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional.

There were seven files reviewed, four open and three closed. All files that were reviewed had evidence of the Needs Assessment initiated within two to three face-to-face contacts after the initial intake. All Needs Assessments were completed by a bachelor's or master's level staff and a supervisor review signature was present. There were no youth identified as having increased risk of suicide.

Exceptions: There were no exceptions to this indicator.

2.03 Case/Service Plan

Satisfactory Limited Failed

The agency has a written policy in place titled Case/Service Plan. The policy was last reviewed on June 9, 2018 by the Board of Directors.

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The providers procedures require that a Service Plan shall be developed with the youth and the family within seven working days following completion of the Assessment. The Service Plan will be signed by the youth, parent/guardian, Thaise staff, and supervisor. The Plan shall be reviewed by the counselor and family, if available, at minimum during 30,60, and 90-day review for progress towards stated goals. Service plans should include:

1. Identified need(s)
2. Goal(s)
3. Type of service(s)
4. Frequency of service(s)
5. Location of service(s)
6. Person(s) responsible
7. Target date(s) for completion
8. Actual completion date(s)
9. Signature of client's parent/guardian, counselor, and supervisor
10. Date the plan was initiated

There were seven files reviewed, four open and three closed. All reviewed files had Service Plans that were developed within seven working days of the Needs Assessment. All Service Plans documented the identified needs; goals; type of service provided; frequency; location; person responsible; target dates; completion dates if applicable; signature of client, parent/guardian, counselor, and supervisor; and the date the plan was initiated. All applicable 30, 60, 90, and 120-day reviews were completed.

Exception: There were no exceptions to this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

The agency has a written policy in place titled Case Management and Service Delivery. The policy was last reviewed on June 9, 2018 by the Board of Directors.



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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: Establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's problems and needs; Coordinating service plan implementation; Monitoring youth's/family's progress in services; Providing support for families; Monitoring out of home placement, if necessary; Referrals to the case staffing committee, as needed, to address the problems and needs of the youth/family; Recommending and pursuing judicial intervention in selected cases; Accompanying youth and parent/guardian to court hearings and related appointments, if applicable; Referral to additional services, if needed; Continued case monitoring and review of court orders; and Case termination with follow-up.

There were seven files reviewed, four open and three closed. All files reviewed were assigned a Counselor/Case Manager. Progress notes and Service Plans indicated coordination of Service Plan implementation, monitoring of the youth's/family's progress in services, and support for families. There were no referrals identified as needs, but Service Plan goals indicate that referrals will be made on an as needed basis. There was supporting documentation of termination notes for all three closed files. These three files also had documentation of the 30, 60, 90, and 120-day reviews. There were no out of home placements to monitor, and no judicial intervention or court hearings needed for any of the clients.

Exception: There were no exceptions to this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

This agency has a policy titled Counseling Services. The policy was last reviewed on June 9, 2018 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 to three 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.



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4. Maintain an on-going internal process that ensures review of case records, client management and staff performance regarding CINS/FINS services.

There were seven files reviewed, four open and three closed. All files reviewed contained a Needs Assessment, Initial Service Plan, and Service plan reviews, and showed evidence of case management. All files were marked as confidential and confidentiality agreements were signed and present in the file. Notes were maintained in an orderly, chronological manner and were reflective of the needs identified on the Service Plans. Services were provided in a variety of areas including the youth's home, community locations, and at the counseling offices. Group counseling sessions consisted of sessions at least thirty minutes with a clear lead/facilitator and group topics were relevant to the youth's Service Plan. There was clear evidence of case file reviews being completed within the allotted time frames. Services and sessions aligned with the Service Plan.

Exception: There were no exceptions to this indicator.

2.06 Adjudication / Petition Process

Satisfactory Limited Failed Not Applicable

The agency has an Adjudication/Petition policy in place which requires the agency to maintain a policy that ensures that the organization conduct and manage CINS/FINS adjudication and petition process. The policy states that the TEET program works with families directly to address the issues of the client. The policy was last reviewed on June 9, 2018 by the Board of Directors.

The agency has a written procedure to ensure that the agency has the ability to successfully serve families that request and require assistance with the Adjudication/Petition process if needed. The procedure addresses the case staffing petition process when there is a need for the service.

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.

Exception: There were no exceptions to this indicator.

2.07 Youth Records



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Satisfactory

Limited

Failed

The agency has a policy titled Youth Records. This policy was reviewed on July 1, 2018 and approved by the Board of Directors.

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.

There were seven files reviewed, four open and three closed. The files were well organized with the file being split into a right and left side. Both sides are listed with a clear and easy to read table of contents and all paperwork was found to be where it was listed. The files were observed to be kept in a locked filing cabinet in an office that is locked when staff are not present. The agency was able to show opaque lockable containers that were clearly labeled as confidential for transportation of files.

Exception: There were no exceptions to this indicator.

2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

The agency has a policy in place titled Sexual Orientation, Gender Orientation, and Gender Orientation Expression. This policy was reviewed on July 1, 2018 and approved by the Board of Directors.

The policy states youth will be addressed by their preferred name and gender pronouns. Staff is prohibited from discussing youth's sexual orientation, gender identity, or gender expression with other youth in services without the documented consent from the youth. All staff, service providers, interns, and volunteers who have intentional contact with youth will have knowledge of this policy and the terms referred to within this policy. Areas in which youth reside or are served will have signage indicating the program is a safe space for all youth regardless of actual or perceived sexual orientation, gender identity, and gender expression.



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The agency has not had any applicable youth that fall under the requirements of this indicator. There are SOGIE signs posted in the office. Colored copies of the Zine are available for anyone who wants to take a copy. All staff have been trained on how to treat and respond to LGBTQ youth.

Exception: There were no exceptions to this indicator.

3.07 Special Populations

Satisfactory

Limited

Failed

The agency has a policy on Special Populations. The policy was last reviewed on June 9, 2018 by the Board of Directors.

The agency serves Domestic Violence (DV) Respite and Probation Respite youth.

Procedures are in place for Domestic Violence Respite. Youth must have a pending DV charge. Youth has been screened by the JAC or screening unit but does not meet criteria for secure detention. Youth length of stay does not exceed twenty-one days. Data entry into NetMis and JJIS is within 24 hours of admission and 72 hours of release. The Case Plan reflects goals for aggression management, family coping skills, or other interventions designed to reduce propensity for violence in the home. Services provided to these youth should be consistent with all other CINS/FINS program requirements.

Procedures are in place for Probation Respite. All referrals should come from DJJ probation. Youth must be on probation with adjudication withheld. All probation respite referrals should be submitted through the Probation Respite Referralator via the member's page on the Florida Network website at time of admission. Data entry into NetMis and JJIS within 24 hours of admission and 72 hours of release. The length of stay should be determined at the time of admission. There is evidence that all case management and counseling needs have been considered and addressed. Services provided to these youth should be consistent with all other CINS/FINS program requirements.

The program had one file applicable for Probation Respite since the last on-site review. The youth was referred by the DJJ Probation Officer and was approved for admission by the Florida Network. The initial intake included a face-to-face session with the youth and family and gathered family history and demographic information. The Service Plan was developed at this time and signed by the parent and youth. This initial session also included an orientation to the program. There have been nine Life Management



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sessions documented so far. All the sessions were an hour long. This was still an open file and an on-going case.

The program has not had any Domestic Violence Respite cases since the last on-site review.

Exception: There were no exceptions to this indicator.