



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Tampa Housing Authority

on 11/01/2018

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
2.08 Sexual Orientation, Gender Identity/Expression	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:92.86%

 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

Persons Interviewed

- | | | |
|--|---|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input 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 type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Fire Drill Log | # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Table of Organization | # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | # Training Records |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | # Other |

Surveys

Youth Direct Care Staff

Observations During Review

- | | | |
|---|---|---|
| <input type="checkbox"/> Intake | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage | <input type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

Standard 1: Management Accountability

Overview

Narrative

1.01 Background Screening

Satisfactory Limited Failed

Rating Narrative

The Tampa Housing Authority has a policy and procedures which addresses background screening of all employees and volunteers. The policy ensures all employees have been properly screened in accordance to Florida Statutes and the Department of Human Resources for Tampa Housing. Policy reviewed October 1, 2018.

Background screening is conducted for all employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. All background screenings are completed prior to hiring an employee, volunteer, mentor, or intern. All employees and volunteers are re-screened every five years. The annual affidavit of compliance with good moral character standards (Form IG/BSU-006) is completed by the program and sent to DJJ Background Screening Unit by January 31st of each year.

A review of three personal files indicated they were hired prior to this annual review cycle and was not in need of a five-year re-screening. Four of the five volunteer/intern were reviewed for initial background screening. All four screenings were completed prior to utilizing their services with an eligible status. One volunteer was screened prior to this annual review. The annual affidavit of compliance with good moral character was submitted and approved by the Departments background screening unit on January 24, 2018.

The agency has began using Avatar as a pre-employment assessment. The applicant is required to compete an assessment which measures the applicants 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. The Avatar assessment has been used on one employee so far. It was a part-time employee who applied for a full-time position.

There were no exceptions to this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures which addresses the provision of a safe and secure environment to protect all clients. The policy indicates the program follows all requirements of Florida Statute Chapter 415 in protection of children and disabled or aged adults from abuse and/or neglect. Policy reviewed October 1, 2018.

The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. All program staff adheres to a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation. Youth are not deprived of basic needs, such as food, clothing, shelter, medical care, and security. Any persons who knows, or has reasonable cause to suspect abuse is to report such knowledge or suspicion to the Florida Abuse Hotline. There must be a grievance process accessible for youth to provide feedback and address complaints. Any incidents of physical and/or psychological abuse is to be address immediate by management.

The program provides child abuse report training through the Departments SkillPro to all staff, volunteers, mentors, and interns with access to youth. Four training files were reviewed and contain documentation staff and volunteers/interns completed the required training. The program immediately addresses any incidents of abuse and/or grievances as well as keeping staff informed through monthly team meetings. There were documented meetings with agendas along with sign in logs indicated management had discussed policy & procedures, upcoming trainings, and strengths & weakness of the youth they are serving to provide guidance and keep staff updated. The program has not had any abuse allegation and/or grievances in the last six months.

There were no exceptions to this indicator,

1.03 Incident Reporting

Satisfactory Limited Failed

Rating Narrative

The program has a policy in place regarding incident reporting which is consistent with the Department of Juvenile Justice requirements. Policy reviewed October 1, 2018.

The program is to notify the Departments Central Communications Center (CCC) within 2 hours of the incident, or becoming aware of the incident. Also, the program will complete any follow-up task and/or instructions as required by the CCC. The program is expected to comply with all requirements and procedures outlined in the Department's policy and Florida Administrative Code.

The program maintains an internal report binder for a calendar year. For this annual review cycle, there was only one incident reported to the Departments Central Communication Center (CCC) which was reported as soon as the program gained knowledge of the incident. The incident was handled and closed per policy and procedures.

There were no exceptions to this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place for training that was last revised October 1, 2018.

The policy states all newly hired staff are to receive 80 hours of training within the first year of employment, with certain trainings to be completed within the first 120 days and the remaining trainings to be completed anytime during the first year of employment. All staff are to receive 24 hours of training each year after the first year. Required trainings to be completed are outlined in the policy.

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

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

There were four staff training files reviewed. Two of the staff were interns carrying caseloads and the other two staff were full time employees of the agency.

One intern was reviewed for training completed within the first 120 days of employment. The person started in August 2018 and still had approximately one month left to receive additional trainings. This individual had already received most of the required trainings and was on track, with a training plan in place, to receive the remainder of the trainings prior to the 120-day deadline.

The other intern was reviewed for training completed during the first year of employment. This intern started in May 2017, so training was reviewed from May 2017 through May 2018. This individual had completed 80 hours of training for the above time frame. All trainings required during the first year of employment were completed; however, CPR and First Aid certification training was completed outside the 120-day requirement.

The remaining two files were reviewed for annual training completed after the first year of employment. There two staff documented 56.5 and 60 hours of training. Both staff had all required trainings documented; however, one staff had a CPR and First Aid certification with a recommended renewal date of October 2018. At the time of the review November 1, 2018, this had not yet been renewed.

There were no exceptions to this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy for Analyzing and Reporting Data that was last reviewed October 1, 2018.

The program collects and reviews several sources of information to identify patterns and trends including: quarterly case record review reports, quarterly review of incidents, accidents, and grievances, annual review of customer satisfaction data, annual review of outcome data, and monthly review of NetMIS data reports. Findings are regularly reviewed by management and communicated to staff and stakeholders. Strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.

There was documentation case records are reviewed at least quarterly. These reviews are documented in the notes section of the file by the supervisor. Any recommendation/feedback is documented as well. There was also documentation cases were reviewed during monthly staff meetings with all staff.

The agency has not had any incidents, accidents, or grievances, in the past six months, to review.

Customer satisfaction data and outcome data was printed out from NetMIS, for an annual review during an all staff meeting in July 2018. There was also documentation during the monthly staff meetings that NetMIS data reports are printed out and reviewed/discussed with all staff. Staff meeting minutes would identify strengths/weaknesses and any improvements needed to be implemented.

There were no exceptions to this indicator.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place for Outreach Services that was last reviewed October 1, 2018.

The agency makes the community aware of its services by conducting presentations, attending meetings and marketing its program through other THA programs. There is an Outreach Plan for 2018 in place. The plan outlines services currently provided, referral sources, discussion of target areas, a plan for targeting youth and communities, informal service providers, and formal service providers/community partners. The agency has established partnerships and conducts group presentations, individual meetings, group discussions, short-term intervention groups, and set up/display the distribution of THA program materials.

The agency provided documentation of twelve different outreach activities for the past six months. Outreach events were held at local elementary, middle, and high schools, the Crisis Center of Tampa Bay, Metropolitan Ministries, and the USF Field Placement Fair. The agency utilizes their relationship to the public housing department to access residents and families that could may be eligible to receive CINS/FINS services.

The agency provided documentation of attendance to two Juvenile Justice Circuit 13 Board meetings, held on July 20, 2018 and September 21, 2018. Agendas and sign-in sheets were provided for both meetings. There was also documentation of attendance at the C13 Juvenile Justice Advisory Board Meeting held on May 18, 2018.

The provided documentation of thirty-eight interagency agreements. There agreements were between various different mental health agencies, substance abuse agencies, schools, different clubs for youth, and religious organizations.

There were no exceptions to this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The THA program provides centralized intake and screening during office hours on Mondays – Fridays and accepts referrals from schools, parents/guardians and local community organizations (including local diversion programs). Trained staff are available to determine the needs of the family and youth. The case manager is responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services. THA also participates in the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. No case staffing requests were made in the past six months. Recently THA started doing groups with youth as a way to diversify their program modalities.

2.01 Screening and Intake

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure (2.01 Admission Process) that addresses all of the key elements of the Screening and Intake indicator. The Policy and Procedure Manual was last revised on 10/01/2018.

The provider's policy requires that relevant information be collected for the purpose of a screening process and the development of the Service Plan. The agency's policy states that a screening must have been done within seven (7) days of a youth being referred to the CINS/FINS provider for services. It is also required, per the agency policy, that the agency provide the following information to eligible families:

- -Available service options
- -Right and responsibilities
- -Parent Brochure

Additionally, the policies states that the agency shall make the following information available to eligible youth and families:

- -Rights and responsibilities of youth
- -Possible actions occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication)
- -Grievance procedures

A total of six files were reviewed. Two of the files were open and four were closed. Three files demonstrated the procedure of making a call attempt within seven days of the receipt of a referral. One of the files was a self-referral, and two files missed the screening deadline (or attempt thereof) of the seven calendar day period.

All six files had proof of the parent/youth receiving the available service options, rights and responsibilities, parent/guardian brochure, CINS/FINS service specifics, and grievance procedure.

Two files missed the screening deadline (or attempt thereof) of the seven calendar day period.

2.02 Needs Assessment

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure (2.04 Needs Assessment) that highlights the use of the Needs Assessment. The Policy and Procedure Manual was last revised on 10/01/2018.

This agency procedure requires that for youth receiving non-residential services a Needs Assessment be completed within two to three face-to-face contacts following the initial intake or that the most recent Needs Assessment be updated if it is over six months old. The procedure has a provision that exceptions to this practice shall be documented.

This procedure also requires that Needs Assessments be completed by a Bachelor's or Master's level staff and include a supervisory review signature upon completion.

Furthermore, this procedure notes that when a youth is identified as having 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.

A total of six files were reviewed. Two of the files were open and four were closed. All six files showed compliance regarding the Needs Assessment being completed within 2-3 sessions, completion by a bachelor's or master's level staff, supervisory signature, and suicide assessment. One of the six files required a suicide assessment, this was completed using the SPS within 24 hours and was signed by a licensed mental health professional.

2.03 Case/Service Plan

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure (2.06 Case/Service Plan) that highlights the use of the Case/Service Plan. The Policy and Procedure Manual was last revised on 10/01/2018.

According to agency policy a Case/Service Plan is a written document developed by the youth and parent(s) that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions.

This procedure requires that a Service Plan shall be developed with the youth and family within 7 working days following completion of the assessment. Furthermore, the procedure states that the Service Plan is based upon the information gathered from the initial screening, intake, and assessment; and that as part of this process the needs of the youth and the family are prioritized, the objectives are established, and the appropriate services and providers are identified.

According to the procedure Service plans should include the following items:

1. -Identified needs
2. -Goals
3. -Type of services
4. -Frequency of services
5. -Location of services
6. -Persons responsible
7. -Target dates for completion
8. -Actual completion dates
9. -Signature of client, parent/guardian, counselor, and supervisor
10. -Date the plan was initiated

The procedure includes a statement that the counselor and family, if available, shall review the service plan at a minimum during 30, 60, and 90-day reviews for progress toward stated goals.

A total of six files were reviewed. Two of the files were open and four were closed. All six files showed compliance regarding the Service Plan being completed within 7 working days of the Needs Assessment. All six Service Plans included individualized/prioritized needs and goals based on the Needs Assessment; service, type, frequency and location; persons responsible; target dates; actual completion dates; youth/parent/case manager (or counselor) signature; and date of initiation. Five of the Service Plans included the signature of a supervisor. One Service Plan did not include supervisory signature.

Four files included the proper 30/60-day Service Plan reviews. One file did not need a 30-day review due to case length. One file did not include a needed 60-day review but had the 30-day review.

2.04 Case Management and Service Delivery

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure (2.07 Case Management Services). The Policy and Procedure Manual was last revised on

10/01/2018.

According to agency policy service coordination on behalf of clients includes information gathering, supportive linking, advocating, coordination and monitoring of services, and case review and termination with appropriate referral when the provider's services are no longer needed.

This agency policy states that at minimum each client shall be assigned a counselor/case manager who will follow that client's case and ensure delivery of services through direct provision or referral.

According to the policy the process of case management shall include:

1. - Establishing referral needs and coordinating referrals to services based upon the on-going assessment of the child's/family's problems and needs
2. - Coordinating service plan implementation
3. - Monitoring child's/family's progress in services
4. - Providing support for families
5. - Monitoring out of home placement, if necessary
6. - Referrals to the case staffing committee, as needed to address the problems and needs of the child/family
7. - Recommending and pursuing judicial intervention in selected cases
8. - Accompanying child and parents to court hearing and related appointments, if applicable
9. - Referral to additional services, if needed

-Continued case monitoring and review including court orders,

- Case termination with follow-up

A total of six files were reviewed. Two of the files were open and four were closed. Five files demonstrated the proper case management and service delivery as noted in the case notes and files. All four closed files had the appropriate discharge documentation. One file might have benefited from a substance abuse referral for a youth; however, it was noted that the youth was currently under the supervision of a Juvenile Diversion Program and that the department was aware of the youth's substance use.

Five follow up call records were reviewed. Of the four closed files any needed 30/60 day follow up calls were either completed or attempted. One finding was that three of the follow up calls were unsuccessful in reaching the parent/guardian and that in all three instances only one phone call attempt, by the agency, was made.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure (2.05 Non-Residential Counseling Services). The Policy and Procedure Manual was last revised on 10/01/2018.

According to this policy the agency's non-residential services are to provide the intervention necessary to stabilize the family in the event of a crises, keep families intact, minimize out-of-home placement, provide aftercare services for youth returning home from shelter, and prevent the involvement of families in the delinquency and dependency systems. According, to this policy these services can be provided in the client's home, a community location or in the counseling office.

According to this procedure each non-residential service provider shall:

- Reflect all case files for coordination between presenting problems, psychosocial assessment, service plan, service plan reviews, case management services and follow-up.
- Maintain individual case files on all clients and adhere to all laws regarding confidentiality
- Maintain chronological case notes on the client's progress
- Maintain an on-going internal process that ensures clinical review of case records, client management and staff performance regarding CINS/FINS services.

A total of six files were reviewed. Two of the files were open and four were closed. Five files demonstrated no concerns regarding indicator 2.05. It is noted that one file did not highlight substance use concerns in the Service Plan even though it was noted in the Needs Assessment. There was documentation in the file indicating that the Juvenile Diversion program was supervising the youth and was aware of the substance use.

All six files had documentation in the progress notes showing supervisory review of the files.

2.06 Adjudication/Petition Process

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has two written policies and procedures (2.08 Adjudication Services; 2.09 CINS Petition Process). The Policy and Procedure Manual was last revised on 10/01/2018.

According to policy 2.08 a case staffing committee meeting shall be scheduled to review the case of any family or youth with whom the provider determines is in need of services or treatment if:

- -The family or youth will not participate in the services selected
- -The family or youth is not in agreement with the services or treatment offered
- -The DJJ or provider receives a written request from a parent/guardian or any other member of the committee.

In such case that a letter is received the committee should be convened within seven (7) working days from the receipt of the written request from the parent/guardian.

According to policy 2.09 the case manager or other designee of the provider will work with the circuit court for judicial intervention for the family or youth as recommended by the case staffing committee.

This agency procedure (2.08) states that the committee shall provide the child and family with a new or revised plan for services. The procedure also states that within seven (7) days of the case staffing committee meeting, a written report must be provided to the parent/guardian outlining the committee recommendations and the reasons behind them.

Regarding CINS petitions, procedure in 2.09 states that a review summary shall be completed by the case manager or other designee of the provider prior to the review hearing and should inform the court of the child's behavior and compliance with court orders and include recommendations for further dispositions.

There were no CINS Petition or case staffing youth to be reviewed for this QI review.

2.07 Youth Records

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure (2.10 Youth Records). The Policy and Procedure Manual was last revised on 10/01/2018.

According to this policy the agency maintains confidential records for each youth that contains pertinent information involving the youth and his/her treatment at the program.

According to this procedure:

- -All records are marked "confidential" and kept in a secure room or locked in a file cabinet that is marked confidential, which is accessible to program staff.
- -All records that are transported are locked in an opaque container that is marked "confidential"
- -Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information.

All six reviewed files were stamped "confidential". Following observation, it was noted that all files are kept in a locked file cabinet, and that if transported all records are locked in an opaque container marked "confidential". All six records reviewed were maintained in an orderly manner.

2.08 Sexual Orientation, Gender Identity/Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency has not had any applicable youth that fall under the requirements of this indicator. There are SOGIE signs posted in the Program Managers office. Colored copies of the Zine are located on a central table and are available for anyone who wants to take a copy. There was documentation in staff meeting minutes of discussion of incorporating the SOGIE requirements into the youth orientation packet and on the intake paper work. The Program Manager provided a memo with the date for a SOGIE training that will be held on November 15, 2018 for all staff, interns, and regular volunteers.

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