



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Education and Exposure Tours-Orlando

on 03/11/2019

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

Keith Carr, Lead Reviewer, Forefront LLC / FNYFS

Bonita Williams, DJJ Regional Monitor

Hilda Reyes, Case Management Supervisor CHS-Osceola

Persons Interviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input 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 | 1 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 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"/> Logbooks | <input type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 0 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 8 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 2 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

Youth Direct Care Staff

Observations During Review

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Intake | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" 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 checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input checked="" 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

The agency has expanded its program service delivery with the Florida Department of Juvenile Justice (DJJ). The agency is a grant recipient with the Department's Probation division in the Central Florida service region. The Thaise Orlando program receives direct referrals from DJJ Probation to provide services to youth in the metropolitan area of Orlando.

The program continues to provide structure youth activities and services to youth and families in downtown and inner-city areas of Orlando. Youth that meets program goals developed in their individualized treatment plans and completes all program requirements are afforded the opportunity to participate in program activities such as going on college tours and local outings to different events. The agency also provides positive youth and family activities and events and provide workshops for the youth in the program. These programs provide many of the participants with impactful first-hand experiences to the institutions of higher education.

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

Standard 1: Management Accountability

Overview

Narrative

The Thaise Educational and Exposure Tours (TEET) Orlando is located at 927 South Goldwyn Avenue, Orlando, Florida. The TEET Orlando program is currently staffed by Teresa Clove, Executive Director. At the time of this onsite program review. The program is in the process of hiring a Program Manager. The program has the following staff members contracted as Case Managers. These staff members include Bruce Peters, Case Managers; Leslie Blount, Case Manager; Annemarie Mahany, Case Manager; Laura Lucas, Case Manager; Fatima Rodgers, In-House Auditor; and Angel Patton, Follow-Up Specialist. The TEET staff are trained to conduct screenings and assessment services to youth and families that meet the CINS/FINS criteria.

The agency's Executive Director oversees the operations at a total of three (3) TEET locations. The TEET-Orlando program ensures that Level 2 background screening is a mandatory requirement for all employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. The agency ensures that all staff members meet minimum professional credentials and are provided the necessary training to perform their job responsibilities. 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 Juvenile Advisory Board Meetings.

1.01 Background Screening

Satisfactory

 Limited

 Failed

Rating Narrative

The program has a policy in place regarding initial background screening. The program completes a Level 2 employment screening prior to being hired or utilized as a volunteer. No applicant may be hired nor may the services of any volunteer or intern be utilized, until the background screening has been completed and the applicant determined eligible. Applicant will successfully pass a preemployment assessment for direct care positions.

The program will register in Clearinghouse (CLH) Portal for the background screening process. In addition, the program implemented a pre-assessment tool and the pass rate.

The program has a policy in place regarding initial background screening. Since the last annual compliance review the program hired five new employees. All of the new employees were background screened and received clearance prior to being hired. The Affidavit of Compliance with Level 2 Screening Standards was completed on January 14, 2019, prior to the January 31st deadline.

The program had one applicable staff for five-year rescreening to which the rescreening was completed. Each of the four new hires had a pre-assessment tool completed either before hire date or date of hire. The program uses the Avatar Employment Tests as their pre-assessment tool. However, the program has not set a passing score as of the review.

There are no exceptions to this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

 Limited

 Failed

Rating Narrative

The TEET will report alleged child abuse and neglect according to the requirements of the State of Florida. In addition, TEET will permit unimpeded access to clients who wish to file an allegation of abuse and neglect. The policy prohibits use of profanity, vulgarity, sexual innuendoes, obscene or inappropriate jokes, sharing of intimate details of personal life or any kind of discrimination or harassment.

The program's procedures include expectations of employees for reporting, confidentiality and documentation of child abuse and neglect allegations. New employees sign an acknowledgment they reviewed the code of conduct.

In the last six months, the program has not had any central communications center (CCC's), abuse/neglect allegations or grievances submitted youth. The staff reported if a youth wants to file a grievance the youth is provided the grievance form to fill out, the form is placed in a sealed envelope for confidentiality and given to the executive director/program manager to respond. The program staff reported they received training on code of conduct during their orientation, which included child abuse and neglect allegations reporting. A review of staff training records

revealed all staff were trained in child abuse reporting.

There are no exceptions to this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy to standardize incident reporting to ensure accuracy and detail in following the outline in the Department policy and Florida Administrative Code.

The program has a policy to standardize incident reporting to ensure accuracy and detail in following the outline in the Department policy and Florida Administrative Code.

The program procedures include the location of forms, completing the incident forms, important information to be included and report all information to your chain of command. All reportable incidents must be reported within two hours of the incident and must be reported to the CCC, Florida Network, Abuse Hotline, and immediate supervisor/director.

Since the last review, the program has not had any central communications center (CCC's) calls. However, the program maintains a binder which includes incident report logs for each month.

There are no noted exceptions to this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a training policy named Thaise Educational and Exposure Tours (TEET) Training Policy. The policy was last reviewed by the Board of Directors and meets the requirements for this indicator.

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 adheres to the policy of Florida Network and lists the training required within 120 days of hire and lists the required DJJ SkillPro Learning Management System Training courses required to be completed by all applicable staff.

The TEET program maintains individual training records for each staff, including an annual training hour tracking form and related documentation.

There were 5 training files reviewed for this indicator.

All 5 files reviewed showed evidence or documentation that all required training was completed within the 120 day date of hire requirement. Training completed as applicable are as follows: Orientation, Suicide Prevention, CINS FINS Core Training, Signs and Symptoms of MH and SA, Understanding Youth Development, Child Abuse, CPR, First Aid, Confidentiality, and Universal Precaution. 2 staff members still have time to complete the remaining training as required within the timeframe. All staff has completed or on target to complete the required trainings (if not quite a year since date of hire) needed for the 1st year of employment.

1 staff file reviewed contained all of the required training needed for annual training requirements. There were 24 hours of training noted for the individual file reviewed for total annual hours completed.

There are no exceptions noted to this indicator at the time of review.

1.05 Analyzing and Reporting Information

Satisfactory Limited Failed

Rating Narrative

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 program collects and reviews several sources of information to identify patterns and trends. This is to maintain compliance and avoid errors by analyzing data for strengths and weaknesses and to provide feedback about what is working and what is not.

The program conducts quarterly and monthly reviews for analyzing and reporting information. Quarterly reports are completed for incidents, accidents, grievances, case record reviews, customer satisfaction data, and outcome data. In addition, a monthly review of NETMIS data reports is conducted.

The program has documentation of monthly reviews of quarterly reports with program managers. The meeting is held via telephone with program managers in Orlando, Jacksonville, and St. Petersburg, Florida per the CEO/Program Director. The CEO/Program Director reported during the reviews and staff meeting the program's delivery outcomes are discussed to keep everyone informed. The monthly reviews included admissions, deliveries, referrals, NETMIS, deficiencies, incidents, incidents, grievances, surveys, and data entries. Attached to reviews was a spreadsheet that included the number of non-residential youth served for the month. The program has not had any incidents, accidents, grievances since the last review. The program noted specific results from the customer surveys and how they were addressed. The reviews included discussion of an increase of referrals and the plan to address the increase with new staff in the future. A review of the last four months of staff meeting minutes, the program discusses deliveries, new hires, NETMIS, referrals, admissions (number of case for the month), outreach and service plans. In addition, the program updates staff of new agencies who are submitting referrals for services.

There are no exceptions noted to this indicator.

1.06 Client Transportation

Satisfactory Limited Failed

Rating Narrative

This indicator does not apply to Non-Res Programs.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

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

TEET- Orlando agency has procedures in place to execute the procedures required for implementing the agency's outreach initiatives. The agency requires all staff that carries a caseload to market and promote the agency's services when working in the general community.

The program maintains written agreements with community partners that include service provision and a comprehensive referral process. TEET - Orlando has established partnerships with schools, DJJ probation, Orange County CINS FINS, local community churches, and other local partnerships throughout the Orange County system.

The agency was able to provide evidence to document attending outreach events. Evidence for the Orange County Staffing Meeting and the DJJ Board Meeting was reviewed including the meeting minutes and additional supporting documentation.

There were no exceptions to this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Thaise Educational and Exposure Tours (TEET) Orlando location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Orange County. 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

Rating Narrative

Policy and Procedure reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board Members at that time.

TEET, Inc., (Thaise Educational and Exposure Tours, Inc.), recognizes the need of persons seeking assistance for prompt and accurate information regarding available services within the agency does not provide, in order to ensure that persons served are able to make appropriate and timely choices in seeking assistance. TEET, Inc., retains the right to determine from among applicants for its services those it can serve appropriately, within the limits of its resources, contractual or legal obligations, capacities, and mission.

Centralized intake services are available through programs providing shelter services, and are accessible twenty-four hours, seven days a week. Centralized intake services include screening for eligibility, crisis counseling and information, and referral. The initial screening for eligibility must occur within seven (7) calendar days of referral by a trained staff member using the NETMIS screening form.

Youth and parents/guardians receive the following in writing during intake:

1. Available service options;
2. Rights and responsibilities of youth and parents/guardians; and

The following information is also available to youth and parents/guardians:

1. Possible actions occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication); and
2. Grievance procedures.

This reviewer reviewed 6 case files: 4 cases were closed files; 2 cases open files and in progress.

It's evidenced that in all 6 cases, the screenings were completed within 7 calendar days of referrals. It appears that the youth and caregivers were informed of available service options, rights, and responsibilities of youth and caregivers; parent/guardian brochures were provided; and also information about possible options occurring through involvement with CINS/FINS. There appeared to be a Grievance procedure as evidenced by the E.D.

It was observed that one Case Manager does not sign with her credentials. E.D. stated credentials are not needed for Service Plan reviews, however, the Case Manager signs all documents without credentials. This observation was discussed with E.D. and the Case Manager.

There are no exceptions noted for this indicator.

2.02 Needs Assessment

Satisfactory Limited Failed

Rating Narrative

Policy and Procedure, policy number 2.02, was reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board

Members at that time.

The Needs Assessment is a multi-method, multi-dimensional process in which professional expertise and skill are exercised to gather and analyze information. In certain cases, it will be necessary to collaborate with other local providers to obtain and share information relevant to development of a service plan. The assessment contains the elements required by the Florida Network's Policy and Procedure Manual for CINS/FINS, and is;

1. Initiated (or attempted) within 72 hours of admission, if the youth is in shelter care or updated if most recent needs assessment is over six months old; or
2. Completed within two to three face-to-face contacts following the initial intake if the youth is receiving non-residential services or updated if most recent needs assessment is over six months old.

Needs Assessments are completed by Bachelor's or Master's level staff and signed by a supervisor. If the suicide risk component of the assessment is required (as a result of suicide risk screening), it must be reviewed (signed and dated) by a licensed clinical supervisor or written by a licensed clinical staff.

A needs assessment is completed to gather and analyze information for all receiving services. The Needs Assessment must be initiated or attempted within 72 hours of admission and completed within two (2) to three (3) face to face contacts following the initial intake or updated if most recent needs assessment is over six months old. The needs assessment is completed by a Bachelor's or Master's level staff and signed by a supervisor.

This reviewer observed that 6 of 6 cases reviewed are N/A for Needs Assessment within 72 hours of admission because the youth that are serviced are not in shelter care.

This reviewer observed that all 6 cases were in compliance with completion of Needs Assessment done within 2 to 3 face-to-face contact after the initial Intake or updated, if most recent assessment is over 6 months old for non-residential care.

This reviewer observed that 6 of 6 files Needs Assessments were conducted by a staff with a Bachelor's (BA/BS) level or Master's level education.

This reviewer observed that in all 6 cases reviewed included a supervisor review signature upon completion.

This reviewer observed that none of the 6 files/cases reviewed were identified with an elevated risk of suicide as a result of the Needs Assessment.

This reviewer observed the PAT Assessment was not entered by the agency. This reviewer inquired about it to the E.D. and she stated that a PAT Assessment is not needed if the referral is made by JPO (Probation) or Respite referral; because the probation officer completes one.

There are no exceptions to this indicator.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

Policy and Procedure, Agency Policy 4.04, was reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board Members at that time.

The policy and procedure for the agency covers the requirements for this indicator as follows:

A case/service plan is developed with the youth and family within seven (7) working days following completion of the assessment. The plan is developed based on information gathered during initial screening, intake, and assessment. The plan includes:

1. Identified need(s) and goal(s);
2. Type, frequency, and location of service(s);
3. Person(s) responsible;
4. Target date(s) for completion;
5. Actual completion date(s);
6. Signature of youth, parent/guardian, counselor, and supervisor; and

7. Date the plan was initiated.

The case/service plan is reviewed by the counselor and parent/guardian (if available) every 30 days for the first three months, and every six months thereafter, for progress in achieving goals, and for making any necessary revisions to the case/service plan, if indicated.

When the youth and/or parent/guardian are not available to sign the case/service plan, this shall be documented on the case/service plan and in the progress notes.

A case or service plan will be developed for every youth admitted to a program for CINS/FINS services. A case of service plan will consist of a written document developed with youth and parent(s) that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions.

The service plan is developed on the Thaise Program Service Plan form. This plan is developed and agreed upon by Thaise personnel, the youth, and available family member(s)/legal guardian. It is based upon information gathered from the initial screening, Intake, and assessment. The needs of the youth and the family are prioritized and the objectives are established and appropriate services and providers identified. Local Thaise Program develops interlocal provider agreements with local service providers to ensure the smooth linkage to agreed upon services. Reasonable timeframes and responsible persons will also be determined for the initiation and completion of services. A service plan shall be developed with the youth and family within 7 working days following completion of the assessment. The service plan will be signed by the youth, parent/guardian, Thaise staff and supervisor. When the plan, the counselor and family, if available, shall review the service plan at a minimum during 30, 60, and 90-day review for progress toward stated goals.

This reviewer observed that all 6 reviewed cases had a Service Plan developed within 7 working days of Needs Assessments. In some instances, Service Plans were developed during the Needs Assessment.

This reviewer observed that all 6 file cases reviewed had individualized and prioritized need(s) and goal(s) identified by the Needs Assessment.

All 6 cases included service type, frequency, location, person responsible, target date(s) for completion, the signature of youth, the signature of parent/guardian, the signature of the supervisor, and date of when the plan was initiated; and that all 6 cases were reviewed for progress/revised by Counselor and parent (if available) every 30 days for the first three months and every 6 months after.

This reviewer observed that in 2 of 6 cases, the actual completion date(s) were not included because the cases are open and in progress. The other 4 cases included the actual completion date(s) in their Service Plan.

This reviewer observed that 1 of the 6 cases the signature of the Counselor/Case Manager assigned was not included. This reviewer brought it up to the E.D. and she explained and clarified that she opened the case, and that the Case Manager's signature is not required. The other 5 cases all included the signature of the Counselor/Case Manager assigned.

This reviewer observed that one of the six cases reviewed had an incomplete Needs Assessment; and had missed signatures of the Case Manager. Upon discussion of the incomplete Needs Assessment, the E.D. explained that she opened the case and that she probably forgot to fill out the missing sections, and showed this reviewer, the Needs Assessment that was completed/entered in NETMIS. The E.D. then printed Demographics section from NETMIS, which shows it was completed, and placed it in the client's file.

This reviewer noticed in the progress notes that the referral was initially received on 10/31/2018. And that the parent declined services on 11/14/2018. It was noted in the progress note that the agency was to retain the case until the parent is ready for services, dated 11/19/2018. On another progress note, it was noted that another referral was made by Mr. Manning on 1/21/2019; and the Intake Assessment was completed on 1/25/2019. The case is open and in progress. This reviewer discussed the case with the E.D., and she explained that the agency does not close referrals because they were never opened; and that the referral source is notified.

1 out of 6 files reviewed had an incomplete needs assessment in the file with missed signatures by the case manager. However, the completed Needs assessment was located in Netmis and placed in the file.

There are no exceptions noted for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Policy and Procedure, agency policy 4.05, was reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board Members at that time.

Service coordination on behalf of clients which include: Information gathering; supportive linking; advocating; coordination and monitoring of services; case review and termination with appropriate referral when direct services are no longer needed.

Each youth is assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision or referral. The process of case management includes:

1. Establishing referral needs and coordinating referrals to services based upon the ongoing assessment;
2. Coordinating service plan implementation;
3. Monitoring youth's/family's progress in services
4. Providing support for families;
5. Monitoring out-of-home placement, if necessary;
6. Referrals to the cases 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 hearing and related appointments, if applicable;
9. Referral to additional services, if needed;
10. Continued case monitoring and review of court orders; and
11. Case termination with follow-up.

At a 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. The process of case management includes 11 points as stated in the policy.

This reviewer observed that all 6 cases had a Counselor/Case Manager assigned.

It was observed by this reviewer that all 6 cases establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs; that all 6 cases showed the Case Manager coordinates service plan and implements services; that the Case Manager monitor's youth's/family's progress in services; that the Case Manager provides support for families.

This reviewer observed that monitoring out of home placement, referrals to case staffing, and accompanying the youth and parent/guardian to court hearings are N/A for all 6 cases.

One of 6 cases had a referral for the youth/family for additional services. Five cases did not include referrals and were N/A.

In all 6 cases, the reviewer observed that the Case Manager provided case monitoring but did not review court cases because they were not applicable at the time of this review.

Four of the six cases had termination notes. The remaining two cases did not apply due to being open.

Three of six cases showed evidence of follow up after 30 days and 60 days of exit. For the remaining 3 cases reviewed, 2 are still open therefore, they do not have to follow up after 30 days and 60 days of exit, and one case was recently closed with a 30/60 follow up review due soon.

There are no exceptions to this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Policy and Procedure, agency policy 4.03, was reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board Members at that time.

Thaise Non-Residential Services provide individual, family, and group counseling/mentoring services designed to provide the intervention to stabilize the family in the event of crisis, keep families intact, minimize out-of-home placement, provide aftercare services for youth returning home from shelter services and prevent the involvement of families in the delinquency and dependency system. The services include but are not limited to crisis intervention, assessment, and screening, individual, group and/or family counseling/mentoring. The services are provided in the client's home, a community location, in the school, or in Thaise office.

Thaise Non-Residential services accept referrals from school counselors, teachers, behavior specialist, school resource officers, law enforcement, parents, youth, other agencies, DJJ, and any other concern adult or relatives. Thaise Non-Residential services target low-performing schools and high crime areas. They provide up to 12 weeks of counseling or mentoring to the youth and his/her family. If additional

services are needed, then the staff must get approval from the supervisor and must document the reason for the extension in the youth's case file. The average length of the extended service is 18 weeks.

All staff must be background screen by DJJ's Clearinghouse (Live Scan) and must have a minimum of a bachelor's degree in a human service field or a long-time employees equivalent experience with youth and have the proper credentials, experience, and skill set for their position. Referrals are received by phone, faxed, scanned, mailed, and/or sent by email.

The staff screen for eligibility and eligible youth begin the service delivery process by participating in the CINS/FINS Intake Assessment process in order to identify suicide risk and referral issues. When a youth is eligible for Thaise Non-Residential Services the staff initiate a Needs Assessment which must be completed within the first two (2) to three (3) face-to-face sessions with the family and/or youth. The agency reflects all case file for coordination between the presenting problem(s), needs assessment, service plan, service plan reviews, case management services and follow up; maintains 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 review of case records, client management and staff performance regarding CINS/FINS services. If the youth needs mental health counseling, it will be referred to local mental health agencies.

This reviewer observed that all 6 case files reviewed included a Needs Assessment, Initial Case/Service Plan, Case/Service Plan reviews, Case notes maintained for all counseling services provided and documents youth's progress, On-going internal process that ensures clinical reviews of case records and staff performance.

All 6 cases show that the youths and families received counseling services in accordance with the Case/Service Plan.

This reviewer observed that all 6 cases did not receive individual/family counseling and group counseling. The E.D. and Case Managers interviewed by this reviewer explained that the agency does not provide counseling services, only Case Management and Mentoring services. And that Group Counseling is not provided at this Program because it is a Non-Residential Program.

It was observed that the progress notes indicate that Individual and Family sessions were provided in all 6 cases reviewed. The E.D. explained that the notes format will probably have to be changed because the Case Manager provides tools and techniques to learn anger management and life skills, but not counseling.

There are no exceptions to this indicator.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

Policy and Procedure, agency policy 4.06, was reviewed by Thaise Board Meeting on June 9, 2018; and signed off by the CEO and Board Members at that time.

TEET has established a standard for CINS/FINS case staffing committee to review all cases that cannot be resolved. The Case Staffing Committee is used when all other reasonable efforts to resolving the problem fail.

Case staffing is an opportunity for the staff of CINS/FINS who were unable to resolve a case meet with other professionals in order to review the case and attempt to obtain a solution and to exchange information about the person and gain consultation from other professionals. It is a group process in which the CINS/FINS provider invites professionals and others involved with the person to help identify issues, suggest problem resolution strategies, and recommend service options.

Gather demographics

Invite a professional such as Social Workers or persons from other agencies that have worked with the individual.

Let sanctioned individuals know that they can invite anyone else they choose to.

Document in Case Staffing notes

Discuss circumstances of the case, identify issues, strengths, concerns, and anticipated duration of issues or concerns, document that the case was reviewed and past or present issues appropriately acted upon; describe the roles and responsibilities of those involved with the individual, create a joint action plan with time-frames and expected outcomes.

The agency has policies and procedures in place. At the time of this onsite review, the agency did not have any cases of petitions/adjudications. The agency has policies and procedures ready for when it is needed.

There are no exceptions to this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy has a youth records policy. The policy encompasses the agency's approach to establishing the confidentiality of client and staff information and maintaining this information onsite and offsite in a safe and secure manner. The policy was last reviewed on June 9, 2018, by the Board of Directors and the Executive Director and includes all necessary approved changes to the policy and procedure.

The agencies guidelines for procedures related to maintaining Confidential youth records include that all records being used in the process of providing services are maintain securely in a locked cabinet that is marked confidential and that is accessible only to authorized agency staff members.

The TEET agency's procedures require that all records that are utilized and transported outside of the office must be transported in a large non-see through a container that is marked confidential. In addition, it is agency protocol that all client files must be organized in a format that is neat and orderly so that staff can access necessary client information and an efficient and expedited manner.

The agency ensures that all records are marked 'confidential' and they are kept locked in cabinets for security. Each employee that is required to travel with records has a mobile hard case that is able to lock files when needing to be transported.

All files are kept in a neat and organized manner.

There are no exceptions to this indicator.

2.08 Sexual Orientation, Gender Identity/Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy 5.08 called Sexual Orientation, Gender Identity, Gender Expression. The policy encompasses the agency's approach to establishing practices to support the SOGIE requirement. This policy requires that the agency ensures that all clients which it serves are required to be treated with respect and with her to qualify professionals for Porter service was regardless of the youth actual or perceived sexual orientation, gender identity, or gender expression. The policy was last reviewed on June 9, 2018 by the Board of Directors and the Executive Director and includes all necessary approved changes to the policy and procedure.

The agency procedures outlined in the guidelines related to SOGIE include a process that utilizes the exact language and information contained in the Florida Network of Youth and Family Services policy. Specifically, the TEET agency's procedures require the following:

1. It will be addressed by their preferred name and gender pronouns;
2. Staff is prohibited from discussing you with sexual orientation, gender identity or gender expression with other youth and services without the document a concert from the youth;
3. Our staff, Service providers, and volunteers are prohibited from engaging in any form of discrimination or harassment of me is based upon their actual or perceived sexual orientation, gender identity, or gender expression;
4. Harassment, verbal abuse, or intimidation that stuff towards based on the news sexual orientation, gender identity, or gender expression of the report to the DCF abuse hotline. 1-800-96 ABUSE (1-800-962-2873);
5. All staff, service providers and volunteers are prohibited from attempting to change a youth's sexual orientation, gender identity, or gender expression including, but not limited to referrals for conversation, therapy, or other similar interventions;
6. All staff, service of others, and volunteers who have contact with youth will have knowledge of this policy and the terms and the terms referred to within this policy;
7. If you are in need of specialized support or services relative to the sexual our intention, gender identity, or gender expression, TEET agency staff will be required to refer these youth to services, or request assistance From the Florida network and identify qualified resources and providers;
8. TEET agency program has signage in areas of their facility indicating the program is a safe space for our youth regardless of actual or perceived sexual orientation, gender identity, and or gender expression.

There was 1 youth file that met this criteria at the time of review. There was evidence that the youth was referred to the qualified resources for specialized need and support. Youth are addressed to their preferred name and gender pronouns and it is documented in all outward-facing documents.

The agency has signage posted outside the office and in all common areas of the office documenting that all youth are welcome.

There are no exceptions to 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](#)

The agency has a policy on Special Populations. The TEET Orlando site primarily serves special populations that includes Domestic Violence (DV) Respite and Probation Respite(PR) youth. The policy was last reviewed on June 9, 2018 by the Board of Directors. This policy meets the general requirements to be in compliance with the Special Populations indicator.

Procedures are in place for Domestic Violence (DV) Respite. All DV clients must have a pending DV charge in order to be eligible for the program. Eligible youth that are admitted to the program has screened initially by the Juvenile Assessment Center (JAC) screening and are deemed eligible for DV due to not meeting all eligibility requirements for secure detention. These criteria include not exceeding a stay of twenty-one days; data entry into NetMis and JJIS are completed within 24 hours of admission and 72 hours of release. Each youth must have evidence of a Case Plan with goals that include goals for aggression management, family coping skills, or other interventions designed to reduce the propensity for violence in the home. The TEET agency also has services that are provided to these youth should be consistent with all other CINS/FINS program requirements.

The TEET agency also has procedures that address the agency's ability to deliver Probation Respite services to eligible clients. All prospective client are required to be referred from DJJ probation. Eligible youth must be on probation with a status of adjudication withheld. All probation respite referrals must be issue through the Florida Network of Youth and Family Services (FNYFS) Probation Respite Referrolator via the member's page on the Florida Network website at the time of admission. Data on all accepted clients must be entered into NetMis and JJIS within 24 hours of admission and 72 hours of release. The TEET agency must also determine the length of stay at the time of admission. Further, the agency must also have evidence that all case management and counseling needs has been completed. All remaining services provided to these DV and PR clients must be consistent with all other CINS/FINS program requirements.

At the time of the program review, that program has not had any Domestic Violence Respite (DVR) non-residential cases since the last on-site review.

At the time of this onsite review, the agency had several applicable case files for Probation Respite since the last on-site review. A review of the clients that were referred by the DJJ Probation Office and approved for admission into the program by the Florida Network. All cases have evidence of an initial intake that includes evidence of face-to-face sessions with the youth and family; family history and demographic information. There is evidence of program orientation; Service Plans being completed and includes the signature of youth and parent. Additionally, there is documentation of completed Life Management sessions.

There were no exceptions documented for this indicator.

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