



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**



**Tampa Housing Authority
5301 West Cypress Avenue
Tampa, Florida 33607**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Tampa Housing Authority for the FY 2019-2020 at its program office located at 5301 West Cypress Avenue, Tampa, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Tampa Housing Authority is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from Tampa Housing Authority present for the entrance interview were: Diane Lindsay, Program Manager; and Norlan Mckenzie, Treatment Coordinator. The last onsite QI visit was conducted on November 1, 2018.

In general, the Reviewer found that Tampa Housing Authority is in compliance with specific contract requirements. **Tampa Housing Authority received an overall compliance rating of 100% for achieving full compliance with nine indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit; however, no recommendation was made for an indicator rated as conditionally acceptable.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 01-22-2020

Agency Name: Tampa Housing Authority					Monitor Name: Ashley Davies, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5301 W. Cypress Ave., Tampa, FL 33607		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): January 22, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: Due to a staff member leaving the program who was a certified peer reviewer, the program currently only has one certified reviewer. A new staff member will attend the next training to become a certified reviewer.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: At the time of this on-site program review, the agency has several additional local and federal contracts, awarding entity, award amount, description of services, and contract start & end dates. The list of contracts is extensive and is available upon request.	No recommendation or Corrective Action.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Auto Insurance is provided through the Auto-Owners Insurance automobile insurance company. The policy with combined single limit coverage for Bodily Injury \$250,00 per person;	No recommendation or Corrective Action.

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	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
\$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV						<p>\$500,00 each accident; Property Damage \$100,000,000. Aforementioned policy is effective 03/01/2019-03/01/2020.</p> <p>Workers Compensation and Employers Liability Insurance is provided through The Zenith. The policy coverage includes \$1,000,000 in Bodily injury for each Accident; \$1,000,000 in Bodily Injury for each Disease; and \$1,000,000 in Bodily injury for each Disease is the Policy Limit. The policy is effective 07/01/2019-07/01/2020.</p> <p>Commercial Liability Insurance is secured through Housing Authority Risk Retention Group. The policy included \$1,000,000 per Occurrence; Fire Damage limits \$50,000; Sports Liability limits \$250,000. Personal and Advertising Injury Liability is set at \$1,000,000; Law Enforcement Liability limits are set at \$1,000,000. Public Official Liability is set at \$1,000,000 per Wrongful Act and \$1,000,000 for Aggregate. Mold, Other Fungi or</p>	

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						Bacteria Liability Claim is set at limits of \$100,000. Other coverages areas include Non-Owned and Hired Auto Liability; Employee Benefits Administration Liability; Lead-Based Paint Liability. Aforementioned policy is effective 10/01/2019-10/01/2020.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	No recommendation or Corrective Action.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The agency's policy manual titled Operating Procedures – Accounting - Finance was last reviewed January 21, 2020/ The policy manual covers standard operating procedures for critical financial functions.	No recommendation or Corrective Action.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General ledger (GL) for Periods: July-2019 Through December 2019. The agency maintains a detailed general	No recommendation or Corrective Action.

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(standard account numbers / separate funds for each revenue source, etc.). PTV						ledger with corresponding source documents. The General Ledger documents and tracks all funding sources by category.					
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) –ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The provider does not utilize a petty cash system for occasional program outings. The request for cash is required to be placed in advanced via a check request.	No recommendation or Corrective Action.
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: All program invoices are processed for payment by the agencies fiscal department. Purchase Order forms are completed by the program for all purchases. The designated purchase is then processed or ordered through the agency's fiscal department. A basic filing system is maintained at the THA CINS/FINS program office by vendor for each fiscal year. Current and previous year files are stored in adjacent file cabinets or a secure storage area until completion of fiscal year audit. Request for purchases generally include acquisition of certain local supplies or services for the operation of the program.	No recommendation or Corrective Action.

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						Account reconciliations are conducted through the City's fiscal department. The program's reconciliations are available upon request and were provided from June 2019 through December 2019. Accounts Payable Reconciliations are signed monthly by the Analyst within 4-6 weeks of receipt and approved by Department's Director.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Copies 941s for the 3 rd and 4 th quarter of 2019 were provided. The agency submits payroll taxes to the appropriate authority as required.	No recommendation or Corrective Action.

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g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Income Statement for the agency CINS/FINS account from July 2019 through December 2019 was provided. Report shows program budget and variances with YTD net results. Variances in budget are monitored on a regular basis by management.	No recommendation or Corrective Action.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The annual expenses for the agency are not greater than \$500,000. The agency is part of a combined audit for multiple programs operated by the Tampa Housing Authority. The agency is not required to submit an annual Single audit from an outside audit firm. The complete audit is reported on an annual basis in the City of Tampa's audit report. No Management Letter is applicable or required during this audit period.	No recommendation or Corrective Action.
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency has updated policies in Storage and Retention; Confidentiality, Retention, Record Retention Schedule. The agency also has related policies that address Storage and Disposal. Recent changes in the	No recommendation or Corrective Action.

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documents are shredded and computer hard drives are wiped prior to discarding. ON SITE						agency's policy called the Operating Procedures – Accounting - Finance last reviewed January 21, 2020. The policy covers standard operating procedures for critical financial functions.	

CONCLUSION

Tampa Housing Authority has met the requirements for the CINS/FINS contract as a result of full compliance with nine applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Four of the thirteen indicators were not applicable because: 1) the provider does not utilize a petty cash system, 2) the provider does not have any outstanding corrective action item(s) cited by an external funding source, 3) the provider does not have any current inventory purchased with DJJ/FN Funds, and 4) the provider is not required to submit a Single Audit from an outside agency. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

Recommendation

There were no recommendations as a result of this review.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Tampa Housing Authority - Tampa
Non-Residential Program

January 22, 2020

Compliance Monitoring Services Provided by





Quality Improvement Review

Tampa Housing Authority – January 22, 2020

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/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	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: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Tampa Housing Authority – January 22, 2020

Lead Reviewer: Ashley Davies

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.
Not Applicable	Does not apply.

Reviewer

Members

Ashley Davies - Lead Reviewer, Consultant-Forefront LLC/Florida Network of Youth and Family Services

Jonathan Thompson - Regional Monitor, Department of Juvenile Justice

Hilda Reyes - Program Supervisor, Children's Home Society



Quality Improvement Review

Tampa Housing Authority – January 22, 2020

Lead Reviewer: Ashley Davies

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, (3) Shelter Care, and (4) Mental Health/Health Services which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

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 checked="" type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | <u>1</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | <u>1</u> # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input checked="" type="checkbox"/> Intern | NA # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input checked="" type="checkbox"/> Counselor Licensed | NA # Healthcare Staff |
| <input checked="" type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | NA # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources | NA # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | <u>0</u> # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Fire Drill Log | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | <u>7</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>0</u> # Training Records |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>3</u> # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Supplemental Contracts | <u>3</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Telephone Logs | _____ # Other: _____ |

Surveys

0 # Youth 0 # Direct Care Staff 0 # Other: _____

Observations During Review

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

Comments

Additional Comments regarding observations, other important findings of interest, etc.



Quality Improvement Review

Tampa Housing Authority – January 22, 2020

Lead Reviewer: Ashley Davies

Strengths and Innovative Approaches

Rating Narrative

During the summer, the staff and interns were able to have two successful summer psychoeducational groups at the C. Blythe Andrews and Robles Park Village sites. The youth were able to gain skills about anger management, communication, and conflict resolution. They visited Pinchasers for recreation, MOSI for STEM learning, and attended the University of South Florida for a college tour.

Through Tampa Housing Authority's Relocation Program Manager, a Memorandum of Understanding was established with a charter school, East Tampa Academy, in which referrals would be made to the program if a youth is in need of services. This school is a tuition-free school that provides an academic foundation to students from kindergarten to second grade.

Standard 1: Management Accountability

Overview

Narrative

Tampa Housing Authority provides individual, case management, and family services to clients who live in rural areas and have minimal access to much needed therapeutic treatment. The program is managed by a Program Manager who oversees a Data Coordinator, a Treatment Coordinator, a subcontracted part-time Counselor, and local college interns. At the time of the review there were no vacant positions. In March of 2019 the previous Treatment Coordinator left the program, leaving the position vacant until they were eventually able to hire a new Case Manager who was then promoted to Treatment Coordinator. The Program Manager was able to fulfill the duties of the Treatment Coordinator position during the vacancy.

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. These reports are utilized to measure data entry compliance and the results are utilized to improve processes where needed. During the review, management extracts pertinent data which will be utilized to gain valuable customer insight to the services provided. All the above information is utilized by management to gauge performance and make necessary changes to areas of improvement for future operations.

All indicators in standard one were rated satisfactory with the only exception noted in indicator 1.01 Background Screening. The exception noted in 1.01 was due to the program's policy not stating what pre-employment suitability assessment is being used and what the pass rate, score, or measure for suitability is. Indicator 1.06 Client Transportation was not applicable as the program does not provide transportation services. All other indicators in standard 1 were rated satisfactory with no deficiencies.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Tampa Housing Authority is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Circuit 13, Hillsborough County. The program provides centralized screening and intake services during regular business hours. The program accepts referrals from established referral partners and local elementary, middle and high schools. The program also receives referrals from youth, parents/guardians, and local community-based organizations.

Services are provided by a Treatment Coordinator, a subcontracted part-time Counselor, and five local college interns. All staff and interns are overseen by the Program Manager and hold a bachelor's degree or higher.

The only special population served by the program is Family and Youth Respite Aftercare Services (FYRAC). However, the program has not provided any FYRAC services since the last on-site Quality Improvement review. All services are provided in the youth and family's home, if possible. Case staffing's have not been conducted by the program since the last on-site review. However, the Case Staffing Committee (a statutorily mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians) would be prepared when the need arises.

The program maintains electronic files. In the summer of 2019, the programs electronic system was attacked by ransomware. Accessing the electronic files was not possible during this time. Hard copies of all documents were maintained until October 2019 when the system became accessible again. Staff then had to input months' worth of documentation into the electronic files.

All indicators in standard two were rated satisfactory with an exception noted in indicator 2.04 Case Management and Service Delivery. The exception noted in 2.04 was due to two out of three applicable files not documenting any termination notes. There was a deficiency noted in indicator 2.03 Case/Service Plan. The deficiency noted in 2.03 was due to one Service Plan not being signed by a supervisor. However, this deficiency did not result in an exception.



Quality Improvement Review

Tampa Housing Authority – January 22, 2020
 Lead Reviewer: Ashley Davies

Indicators 2.06 Adjudication/Petition Process and 2.09 Special Populations had no eligible items for review as the program has not had any files that have been through the adjudication or petition process since the last review and the program has not provided any FYRAC services since the last review. Indicator 2.10 Stop Now and Plan (SNAP) was not applicable as the agency does not provide SNAP services. All other indicators in standard 2 were rated satisfactory with no deficiencies.

STANDARD 1: MANAGEMENT ACCOUNTABILITY

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled 1.00 Employee/Intern Background	The policy states the program will use a pre-employment suitability assessment but does not state what assessment is being

Quality Improvement Review

Tampa Housing Authority – January 22, 2020
Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	Explain				
			No Eligible Items For Review	No Practice	Not Applicable		
						Checks. The policy was last reviewed on January 20, 2020.	used and does not state the pass rate, score, or measure for suitability.
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six initial background screenings reviewed for interns/volunteers and one subcontractor. All six were screened prior to their start date. A previous intern, who was already an employee with Tampa Housing Authority, was offered a full-time position with the program after completing the Avatar pre-employment assessment. The assessment documented a passing compatibility score. The subcontractor recently hired also completed the same pre-employment assessment documenting a passing compatibility score. There was no one was due for a 5 year rescreening during this review period. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the DJJ Background Screening Unit on January 29, 2019.	No exceptions
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.01 Provision of an Abuse Free Environment. The policy was last reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Standard of Conduct for Program Staff forms are signed and dated during the new employee orientation	No exceptions



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						<p>process. Employee Standard of Conduct for Program Staff forms are filed in employee hard-copy records which are kept on-site. Phone number for the Florida Abuse Hotline is posted throughout the facility giving youth and staff unimpeded access to call. Program has a locked grievance box that is accessible to all youth located in the treatment coordinator's office. Keys to grievance boxes are kept with program manager and the treatment coordinator who check it daily. Youth and family visits are very infrequent, over a year since the last youth visit, so the grievance box is checked at the completion of each of youth office visitation. There were no grievances filed by the youth during the review period, however, policy dictates that staff and youth have unimpeded access to call the Florida Abuse Hotline, employee instructions if youth claims abuse, and management 72-hour timeline to process and resolve any filed grievances. The program has signage posted throughout the facility (abuse hotline, 911, LGBTQ, anti-bullying).</p>	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.02 Incident Reporting. The policy was last	No exceptions



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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>reviewed on January 20, 2020 by the Program manager.</p> <p>The program has not had any CCC reportable incidents since the last on-site quality improvement review.</p> <p>Examination of the policy determined the program has a solid foundation to field any future Incidents that need to be filed. The policy discusses the Central Communications Center (CCC) reporting timeline of two hours upon learning of the incident, CCC telephone number, reporting and documentation procedures, and types of reportable incidents. Policy dictates incidents to be first inputted in the Department's CCC and, if accepted, then reported to the Florida Network State Office by text or written response reports. The program maintains an Incident Report binder which is sorted by tabs for each month of the year. Each tab contains a monthly CCC tally for the program, the printed CCC report, and the internal Tampa Housing Authority Incident report form for the applicable CCC.</p>	No exceptions
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled 1.05 Training Plan/Management. The	No exceptions



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						policy was last reviewed on January 20, 2020 by the Program Manager.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Each employee has a training plan in place. There are two types of training plans used by the program, a New Employee Training Plan for all new hires and an Annual Training Plan for employees beyond their first year. Each employee also has an individual training file which contains a training plan/tracking form and any supporting documentation.</p> <p>There was one staff training file reviewed for first year training requirements. This staff was hired in October 2019. All trainings required in the first 120 of employment had been completed. A majority of the additional trainings required during the first year of employment had also been completed. This staff has until October 2020 to complete all remaining trainings.</p> <p>There were two staff training files reviewed for annual training requirements. The staff documented 46 and 54 hours of training, respectively. One staff had four months left and the other staff had nine months left in their training cycles to receive additional trainings. Both staff had documented some of the required trainings with the exception of the DJJ</p>	No exceptions

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain
						Skill Pro trainings and Fire Safety Equipment. However, both staff still had time remaining to receive these required trainings.		
1.05: Analyzing and Reporting Information								
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.								
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.06 Analyzing and Reporting Information. The policy was reviewed on January 20, 2020 by the Program Manager.	No exceptions	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All case records are reviewed at entrance and exit and on a regular basis while services are being provided. Case record reviews are documented by the program manager on the table of contents for both instances. The case record reviews occur more often than quarterly for every file. If incidents, accidents, and grievances are applicable, the program has procedures in place to conduct a quarterly review of each case. There were no applicable cases during the last six-month period. Monthly NetMIS reports are provided from the contract manager which measures data accuracy, data entry timeliness, service completion, and so forth. These reports are utilized to measure data entry compliance and the results are utilized to improve processes where needed. The program conducted an annual customer	No exceptions	



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						satisfaction data review on October 3, 2019. During the review management extracts pertinent data which will be utilized to gain valuable customer insight to the services provided. The program provided annual review of outcome data for last fiscal year, dated July 8, 2019 which grades programs in 13 categories to measure performance. Both annual tools are utilized by management to gauge performance and make necessary changes to areas of improvement for future operations. A review staff meeting notes confirmed that leadership is utilizing the assessment tools listed above to make improvements in the program and how they provide services to the youth.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Not Applicable	Not applicable
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable	This program does not transport any youth so this indicator is not applicable.
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 1.07 Outreach Services. The policy was	No exceptions



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						reviewed on January 20, 2020 by the Program Manager.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The program conducts monthly community outreach services to capture multi-agency contacts and articulate Tampa Housing Authority's mission and scope of services. The events are inputted into NetMIS and annotated on the Outreach Event form.</p> <p>The programs lead staff member, program manager, participates in local DJJ board and council meetings which are inputted into NetMIS and annotated on the Outreach Event form. Meeting frequency for meetings can vary from multiple times a month to bi-monthly as it's dependent on locally held event forums.</p> <p>The program has a comprehensive referral process which leverages a full bank of specialty service providers in town which target youth's specific needs. The specialty providers have already been vetted and approved by the Tampa Housing Authority. Appointments for youth are gained by utilizing the program's referral form.</p>	No exceptions

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STANDARD 2: INTERVENTION AND CASE MANAGEMENT

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has three different policies to address the requirements of this indicator, 2.00 Screening for Eligibility, 2.01 Admission Process, and 2.02 Suicide Prevention. These policies were last reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six files reviewed, three open and three closed. All six files documented the eligibility screening was completed within seven calendar days of the referral. All six files provided documentation and brochures to the youth and parent about available service options, rights and responsibilities of youth and parents, a parent brochure, information about possible actions occurring through involvement with CINS/FINS services, and information about grievance procedures.	No exceptions
2.02: Needs Assessment							



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.04 Needs Assessment. The policy was reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six files reviewed, three open and three closed. In all six files, the Needs Assessments were initiated within 72 hours of admission. In all six files, the Needs Assessment were done within two to three face-to-face contacts after the initial intake. In all six files, the Needs Assessments were completed by a bachelor's or master's level staff member. All six Needs Assessments had a supervisor review signature upon completion. None of the youth were identified with an elevated risk of suicide as a result of the needs assessment.	No exceptions
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.06 Case/Service Plan. The policy was	No exceptions



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						reviewed on January 20, 2020 by the Program Manager.	
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There were six files reviewed, three open and three closed.</p> <p>In five of the six files reviewed, the Service Plan were developed within seven working days of Needs Assessment. The one Plan not developed in seven working days contained documentation of attempts to contact the family within the seven days to complete the Plan; however, due to the family's schedule the Plan was completed outside the seven days.</p> <p>All six Service Plans reviewed had individualized and prioritized needs and goals, they provided the service type, frequency, and location, the person's responsible, the target dates of completion, actual completion dates, signatures of youth and parents, signatures of counselors, date the plans were initiated, and were reviewed for progress every thirty days for the first three months.</p> <p>Five of the six Service Plans were signed by the supervisor.</p>	<p>This deficiency did not result in an exception.</p> <p>One Service Plan was not signed by the supervisor.</p>
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	No exceptions



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The agency has a policy titled 2.07 Case Management Services. The policy was reviewed on January 20, 2020 by the Program Manager.	
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There were six files reviewed, three open and three closed.</p> <p>All six files documented a case manager was assigned.</p> <p>All three applicable files had established referral needs upon completion of services.</p> <p>In all six files reviewed the case manager coordinated Service Plan implementation, monitored youth's/family's progress in service, and provided support for families.</p> <p>There were no applicable files for monitoring out-of-home placement or case staffing.</p> <p>There were no applicable files requiring the case manager to accompany youth and parent/guardian to court hearings and related appointments.</p> <p>Two applicable files referred the youth/family for additional services.</p> <p>All six files reviewed documented case monitoring was provided.</p>	Two of three applicable files did not document any termination notes.



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.05 Non-Residential Counseling Services. The policy was reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six files reviewed, three open and three closed. All six files reviewed documented evidence of Needs Assessments, Initial Service Plan, Service Plan reviews, case management follow-ups, case notes documented, and an ongoing internal process that ensures clinical reviews of case records and staff performance. All files also contained documentation that youth and families received counseling services in accordance with the Service Plan, and that the program provides individual counseling.	No exceptions
2.06: Adjudication/Petition Process							

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.09 CINS Petition Process. The policy was reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency had no open or closed cases that have been in the adjudication or petition process since the last review. The agency is familiar with the current staffing process and is capable of facilitating the filing of a CINS/FINS petition if needed.	No exceptions
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy titled 2.10 E-File Youth Records. The policy was reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All files are maintained electronically. They are accessed through the Case Manager's laptop and the Program Manager's computer only. The files are labeled with the word "confidential". When the files are being transported the laptop is placed in a black bag that has a lock with a numerical password. This bag was observed during the review.	No exceptions
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	No exceptions

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The agency has a policy in place titled 5.05 Sexual Orientation, Gender Orientation, and Gender Orientation Expression. This policy was last reviewed on January 20, 2020 by the Program Manager.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 that the staff, intern, and volunteers have completed training on the SOGIE requirements.	No exceptions
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has policy in place titled 5.06 Family/Youth Respite Aftercare Services (FYRAC) Non-Residential Services Only. The policy was last reviewed on January 20, 2020 by the Program Manager.	No exceptions
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The only special population services provided at the program are FYRAC services. However, the program has not provided any FYRAC services to any youth since the last on-site Quality Improvement review.	No exceptions
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)	Not applicable



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
for Indicator 2.10						Not Applicable	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable	The agency does not provide SNAP services.