Quality Assurance Plan

The Executive Director of The Unlimited Path, Inc. is directly responsible for the quality assurance program as approved by the Board of Directors. The On-Site Program Director acts as the Quality Assurance Manager at the direction of the Executive Director. The Quality Assurance Manager will provide quarterly reports to the Executive Director in all Quality Assurance related matters.

Quality Assurance Manager has the duties to include, but are not limited to:

1. The Quality Assurance Manager will objectively and systematically monitor and evaluate the appropriateness and quality of client care on a quarterly basis through observation of Unlimited Path service components.

2. The Quality Assurance Manager will monitor that client files are being kept secure through daily observation.

3. The Quality Assurance Manager will monitor staff development policies and procedures by monitoring that required documentation of clinical training has been input into personnel files.

4. The Quality Assurance Manager will monitor that Facility Safety and Maintenance standards are being followed by following up on any reported safety and maintenance issues that were previously reported to the Department of Corrections.

5. The Quality Assurance Manager will monitor on a quarterly basis the “peer review” process by reviewing peer review documents ensuring they are being conducted and that any problems noted had been corrected.

6. The Quality Assurance Manager will monitor reports on the utilization of computers, software and other resources to ensure they are being used most effectively and that suggestions were followed up on.

7. The Quality Assurance Manager will monitor the effectiveness of incident reporting and that there is a responsibility of all staff to report incidents. Incidents logs will be reviewed for the following:
   a. Proper completion
   b. Corrective action was taken
   c. Any incidents of physical injury, deaths or escape were reported to DCF.

8. The Quality Assurance Manager will monitor the Unlimited Path training to ensure all personnel had received training on incident reporting semi-annually with the focus on all

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personnel understanding their duty to report.

9. The Quality Assurance will review any reports related to DCF inspections of serious incidents to ensure DCF had been allowed access to The Unlimited Path, Inc.’s files and records for review of such incidents.

10. The Quality Assurance Manager will monitor personnel training on Incident reporting dealing with awareness that anyone who files an incident report is protected from civil action by virtue of that incident report.

Quality Assurance shall address but not be limited to the following areas:

1. Standards for the provision of client care and treatment practice. The temporal outline of actions taken to ensure quality services at The Unlimited Path, Inc., are as follows:

   a) Client is welcomed in an individual private session in which he/she is educated as to range of services available.

   b) If appropriate, the referring persona is contacted after obtaining legal releases of information from the client.

   c) The client is asked to sign a treatment agreement stipulating the treatment basics and/or if in need of other services are referred to those services.

   d) A written or oral explanation of the counseling process/services and the role of the counselor are provided in early sessions. Client rights and responsibilities are provided for the client prior to being seen by the counselor.

   e) Program rules (i.e. Cardinal Rule, Major Program Rule, General Program Rules, and Group Rules) and client program contract agreement are reviewed and signed by the counselor and client during the intake session.

   f) A brief client registration form is completed,

   g) A psychosocial including a brief case history (noting referral information, presenting problem, previous mental health history, family relations, cultural/religious factors, marital history, education, drug use history, summary interpretations, service recommendations, and diagnosis) is obtained and recorded within ten (10) working days.

   h) A brief but concise drug use history (noting type of drug, amount used, length of use) is taken if drug use or abuse is the primary reason for treatment: otherwise no current drug use is recorded.
i) Treatment plans (noting the goals of therapy, client resources, and concrete behavioral objectives of treatment) are developed in cooperation with the client within 30 calendar days of admit.

j) A transfer summary is completed when it is necessary for a staff or intern to refer clients to another counselor.

k) The Program Director ensures that other counseling staff, interns, and practicum’s participate in weekly peer supervision/staff meetings, and case review, entailing group discussion of client’s profile, intervention strategies, and progress.

l) The Program Director conducts a monthly administrative review of cases checking completion of records.

m) A Substance Abuse Data Report is completed on each client and entered into a database and maintained for each fiscal year. At the end of each fiscal year, the data is compiled and reported to the Department of Children & Families through aggregate data reporting.

n) Upon meeting objectives set forth in the case plan, a closing summary is completed.

2. Procedures for maintenance of client records.

a) Record Management System. Client records shall be kept secure from unauthorized access and maintained in accordance with Section 397.501(7) F.S. Client record management procedures shall include requirements regarding content, organization, and use of records. Signatures on all records shall be original. In those instances where records are maintained electronically, a staff identifier code will be acceptable in lieu of a signature. Documentation within records shall not be deleted. Amendments or marked through changes shall be initialed and dated by the individual making such changes.

b) Record Retention and Disposition. In the case of individual client records, records shall be retained for a minimum of seven years per The Department of Corrections policy and procedure on Record Retention. The Unlimited Path, Inc. will comply with the Records Retention Procedure of The Department of Corrections. The disposition of client records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and section 397.501(7), F.S.

The Unlimited Path, Inc. has a strong commitment to staff development as outlined in the Employee Handbook. Ultimately, the Program Director is responsible to assure that appropriate staff training is provided to each staff member under his or her supervision. This should be reviewed and addressed at the time of employee’s annual evaluation. For more information, see Training Policy.

4. Standards for facility safety and maintenance

It is the Quality Assurance Manager’s responsibility to assure that the facility they supervise is maintained in accordance with The Department of Corrections’ Health and Safety Procedures. Problems with the facility shall be immediately reported to the Institution’s designated Health and Safety staff.

5. Peer Review and Utilization Review Procedures.

This review should occur at least quarterly and include, but not limited to, appropriateness and completeness of psychosocial, client contracts, release forms, treatment plans, etc.

Random charts will be reviewed for accuracy, clarity, and thoroughness on a weekly basis by the Program Director and when appropriate, by the Executive Director.

Review of client records, for the purpose of reviewing a staff member’s professional work by comparably trained and qualified individuals performing similar tasks, will occur quarterly. The Quality Assurance Manager will schedule and coordinate the quarterly review process. Standardized forms will be used to record compliance with Chapter 65D-30, Florida Administrative Code.

Staff will monitor a percentage of closed and open charts as designated by the Quality Assurance Manager. File shown to be out of compliance will be noted on appropriate forms, reviewed by the Quality Assurance Manager, returned to the counselors with target dates for correction, and finally reviewed with the counselor in scheduled supervisory sessions. If a number of charts are out of compliance, a corrective action plan may be required.


All incidents reports, including verification of corrective action and provision for reporting to the department within a time period as prescribed by rule. Incident reporting is the affirmative duty of all staff. A person who files an incident report shall not be subjected to any civil action by virtue of that incident report. The Department of Children and Families may access all service provider records necessary to determine compliance with this section.

7. General Provision

Program staff will be designated by the Quality Assurance Manager to participate in certain committees. Meetings shall be held at least quarterly and more often as needed. Minutes
will be taken by the committee secretary and be retained in the quality assurance log. An effort shall be made to compose committees that represent all levels of experience.

8. Quality Assurance Committees

a) Peer Review Committee – Quality Assurance Manager serves as chairperson and all staff participates.

b) Program Committee – Quality Assurance Manager serves as chairperson with 2 members whom rotate on a yearly basis. Recommendations for program enhancements are made to the Executive Director on a quarterly basis.

In addition, the program committee reviews output measures, such as capacities, technologies and infrastructure, that make up the system of care. The program committee reviews process measures, such as administrative and clinical components of treatment, as well as outcome measures pertaining to the outcomes of services. Recommendations are made on a quarterly basis to the Executive Director for any improvements or noted issues.
# Tallahassee Community College
## Quality Assurance Plan

The purpose of this plan is to ensure that quality control processes are in place and routine evaluations of the quality of service are performed to ensure compliance with the terms and conditions of the Sub-Contract between Tallahassee Community College and The Unlimited Path, Inc.

### Gadsden Re-Entry Center

**ITN#13-DC-8405**

<table>
<thead>
<tr>
<th>Area</th>
<th>Addressed Measures</th>
<th>Measurement</th>
<th>Metric Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Qualification</td>
<td>Hire Qualified Education and Vocational Staff at Gadsden Re-Entry Center (GRC)</td>
<td>Positions approved by Unlimited Path Inc. (UPI) and Tallahassee Community College (TCC) HR</td>
<td>Written concurrence</td>
</tr>
<tr>
<td></td>
<td>- Academic Teachers: posses B.A. and be eligible/possess valid educator’s certificate</td>
<td>Hired instructors/staff qualifications verified by TCC &amp; Florida Department of Corrections (DOC); all hires approved by UPI, TCC, and DOC</td>
<td>Posting of Positions by TCC</td>
</tr>
<tr>
<td></td>
<td>- Vocational Teachers: possess appropriate certification, high school diploma and work experience</td>
<td>Instructors possess an appropriate teaching certificate (Adult Education - issued by FL Department of Education and Vocational Education – issued by DOC)</td>
<td>List of TCC, UPI and DOC staff participating on interview committee or documentation of invite sent to UPI or DOC to participate in interview</td>
</tr>
<tr>
<td></td>
<td>Teaching Certificates</td>
<td></td>
<td>Proof of teaching certificate or temporary certificate</td>
</tr>
<tr>
<td>Enrollment of Inmates into Vocational Programming</td>
<td>After March 31, 2014, at least 120 inmates are enrolled in vocational programming daily based on individually assessed need (exceptions made when there are not enough inmates with individually assessed needs housed at GRC)</td>
<td>At least 120 inmates enrolled daily in vocational programming</td>
<td>Weekly Enrollment Report</td>
</tr>
<tr>
<td>Enrollment of Inmates into Educational Programming</td>
<td>After March 31, 2014, at least 277 inmates are enrolled in educational programming daily based on individually assessed need (exceptions made when there are not enough inmates with individually assessed needs housed at GRC)</td>
<td>At least 277 inmates enrolled daily in educational programming</td>
<td>Weekly Enrollment Report</td>
</tr>
<tr>
<td>Literacy Gains in Academic Classes</td>
<td>Eighty Percent of students enrolled in academic education for 120 days will increase by one literacy level in at least one subject area as measured by the Test of Adult Basic Education (TABE)</td>
<td>80% of inmates enrolled in education classes increase their level by at least one grade level in at least one subject area</td>
<td>Quarterly Post-testing Report with Learning Gains</td>
</tr>
<tr>
<td>GED Attainment by GED-level students</td>
<td>Within 180 calendar days of enrollment all inmates enrolled in GED-level classes shall secure GEDs</td>
<td>All of inmates enrolled in Level 3 Classes will attain GED within 120 days</td>
<td>Proof of awarding of GEDs</td>
</tr>
<tr>
<td>Adult Education Instruction</td>
<td>Inmates will be enrolled in quality educational programming</td>
<td>Monthly Enrollment Report submitted to UPI on a weekly</td>
<td>Monthly Enrollment Report</td>
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<tr>
<td><strong>Vocational Training Instruction</strong></td>
<td>Inmates enrolled in Vocational Programming based on individual need</td>
<td>Monthly Enrollment Report submitted to UPI on a weekly basis</td>
<td>Monthly Enrollment Report</td>
</tr>
<tr>
<td></td>
<td>Industry recognized certifications awarded to program participants upon completion of specific coursework</td>
<td>Industry Recognized Certifications awarded to inmates</td>
<td>Copy of certificate or certification number</td>
</tr>
<tr>
<td></td>
<td>Scheduled Classroom Observations take place on a quarterly basis</td>
<td>Scheduled Classroom Observations take place on a quarterly basis</td>
<td>Classroom Observation Forms</td>
</tr>
<tr>
<td></td>
<td>Instructor 6-month and yearly evaluations scheduled</td>
<td>Instructor 6-month and yearly evaluations scheduled</td>
<td>6-month Evaluation Form &amp; Annual Evaluation Form</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Inmates enrolled in academic education will be TABE tested within 30 days of enrollment</td>
<td>All inmates enrolled in education and vocational programs are TABE tested on</td>
<td>Master TABE Scores Report</td>
</tr>
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<tr>
<td>Professional Development</td>
<td>Staff members will attend Best Practice and Certification Trainings pertaining to appropriate Adult Education and/or Vocational areas</td>
<td>Instructors and staff attend training</td>
<td>Copy of certification or verification of attendance</td>
</tr>
</tbody>
</table>