



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of CHS West Palm Beach

on 03/04/2015

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	No rating
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory

Percent of indicators rated Satisfactory: 80.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Youth Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	No rating
3.07 Special Populations	Satisfactory

Percent of indicators rated Satisfactory: 85.71%
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

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 4: Mental Health/Health Services

4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

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: 91.67%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Rating Definitions

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

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

Review Team

Members

Marcia Tavares, Lead Reviewer, Forefront LLC

Lashonda Chavis, Director of Admissions, Miami Bridge Youth and Family Services

Gabriel Medina, Monitoring Review Specialist, Department of Juvenile Justice



Gregg Miller, Director, Lutheran Services Florida Southeast

Shanae Thomas, Program Director, Community Based Connections Inc.

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 1 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 4 Clinical Staff | 1 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 Food Service Personnel | 2 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 3 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 3 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 17 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 7 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 8 Youth Records (Closed) |
| <input checked="" type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 6 Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|---------|---------------------|---------|
| 3 Youth | 3 Direct Care Staff | 3 Other |
|---------|---------------------|---------|

Observations During Review

- | | | |
|--|---|--|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input checked="" type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage |
| <input checked="" type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input checked="" 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

Children's Home Society (CHS) is a statewide agency that employs more than 1,800 employees who are located in 15 divisions throughout the state. Since 1982, CHS of Florida has continuously maintained accreditation through the Council on Accreditation. The agency is headquartered in Winter Park, Florida and serves over 100,000 kids and family members each year.

Children's Home Society of Florida, Safe Harbor Shelter, is located at 3335 Forest Hills Boulevard in West Palm Beach, Florida. The 10 bed shelter facility is located on a large campus that also houses the agency's administrative offices and is the site of the Children In Need of Services/Families In Need of Services (CINS/FINS) program which is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary residential and non-residential services to youth and families in South Palm Beach County. Services are provided to male and female youth under the age of seventeen.

The program continues to enhance its services to the youth in the CINS/FINS program by offering life skills training, educational and career coaching. Additionally, the program provides structured enrichment activities for the youth such as: drug prevention; yoga; broadcasting; pet therapy; and a tennis clinic. The shelter facility utilizes space to support these activities and has an indoor game room where youth are encouraged to earn privileges to play video games. The program also converted a hallway closet into a Point Store where some of its donations become incentives for youth to earn points in the Behavior Management System and exchange the points for items in the store.

The youth at CHS Safe Harbor have been able to gain valuable career skills and career development with the assistance of a Job Coach. Select youth are involved in the "Teach-A-Teen" program that provides an opportunity for youth to interact with business owners in the community who serve as mentors and provide youth with necessary employment and job skills training.

The program also continues to leverage its relationship with the local schools and participates in meetings hosted by the school guidance counselors. The meetings are held separately for elementary, middle, and high school guidance counselors and increases knowledge of the CINS/FINS program as well as facilitate the referral process.

Standard 1: Management Accountability

Overview

Narrative

CHS Safe Harbor is under the leadership of a management team that consists of an Executive Director, a Director of Program Operations, a Clinical Supervisor, a Residential Program Manager, a Data Management Supervisor, and an Administrative Secretary. In addition to the Residential Program Manager, the residential component of the program is staffed by a Residential Shift Leader, five (5) fulltime Youth Care Workers (YCW), and five (5) Relief YCWs. The program is operated around three ten-hour shifts that provide two hours overlap for shift exchange. The shift times are: 6 a.m. to 4 p.m., 2 p.m. to 12 a.m., and 10 p.m. to 8 a.m.

The agency's Clinical Supervisor is a licensed mental health professional who oversees the agency's counseling services. The clinical component of the program includes four (4) fulltime counseling positions that are designated as Residential/Non-Residential Counselors (two RIMH, one MSW, and one Bachelor's level Counselor III position). The program also utilized the services of seven (7) volunteers during the review period.

At the time of the onsite visit there were three (3) fulltime, two males and one female, YCW vacant positions in the program. Safe Harbor shelter is licensed by the Department of Children and Families for 10 beds. The current license expires 1/23/2016.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policies and procedures in place that address the background screening of all employees and volunteers. CHS policy #7101, updated 2/12/2013, requires all staff and volunteers to complete a Level 2 Background Screening that includes good moral character documentation, employment history checks, employment screening, criminal record checks, and juvenile record checks. Additionally, per the provider's policy, personnel will be re-screened "during the fifth year of their employment" but this does not imply re-screening every five years past the fifth year. Prior to hire, the provider also conducts a background check with the Department of Motor Vehicles and local City/County law enforcement screening.

A total of seventeen (17) applicable personnel and volunteer files were reviewed for eight (8) new hires, two (2) 5-year re-screened staff and volunteer, and seven (7) new volunteers. All but one of the seven (7) new staff who were hired since the last onsite QI visit received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire.

Since the last onsite QI visit, the program recruited seven (7) new volunteers to work in the Choices Program that provides a variety of cultural, sports, fitness, and art services to agency youth, including those in the Safe Harbor program. The provider submitted DJJ Live Scan background screenings for all of the volunteers; however, the volunteer files do not contain any documentation regarding official start dates for the volunteers. Per the Volunteer Coordinator, an email is sent to the program supervisor granting approval for the volunteers to begin once the background screening is received. The program's Volunteer Sign-in Logs were reviewed in order to verify service dates and it was confirmed that six (6) of the seven (7) volunteers began providing service after receipt of their background screening clearances.

The provider had one (1) staff and one (1) volunteer who were eligible for the 5-year re-screening during the review period. The 5-year re-screening was completed timely for both the staff and the volunteer.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted timely to the DJJ Background Screening Unit on November 18, 2014.

Exception:

Per the provider's background screening policy, all volunteers who have direct interaction with youth must have background clearance before participation; however, one of the volunteers provided creative writing service to youth prior to the program's receipt of the background clearance.

In addition, one of the new staff, who transferred internally from a DCF-funded program to the CINS/FINS program in July 2014, did not have a DJJ Background Screening completed prior to the employee's transfer date into the DJJ Program. The most recent DJJ background screening was not completed until 6 months after the staff's transfer date.

Per DJJ CCC's Incident Reporting Guideline, any incident that occurs in a department facility or contracted site/program where an employee or volunteer is utilized prior to receiving an eligible rating on a department background screening must be reported to DJJ CCC. The Reviewer informed the provider to call in the above mentioned incident to the CCC during the onsite visit. Per the DPO, CCC staff indicated that this is not a reportable incident.

The provider's background screening policy does not clearly state that personnel will be re-screened every five years from the date of hire.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a current policy and procedure in place, CHS/7103 updated 2/12/2013, for the provision of an abuse free environment. The Florida Abuse Registry Hotline number, rights and responsibility, and other relevant numbers are posted at various locations throughout the facility in common areas. Youth are also informed of these procedures during program orientation and the abuse hotline number is included in the Resident Handbook. The program also has a grievance box and forms accessible to youth in the dormitory lounge near the staff desk. Upon hire, employees receive and sign receipt of the Agency's Code of Conduct which outlines the agency's policy against workplace violence and expectation regarding the provision of a safe environment. Employees are required to report all known or suspected cases of abuse and/or neglect and youth have unimpeded access to self-report. Abuse reporting was evident and the program maintains records of calls that are made to the abuse hotline. The abuse report is entered in the providers AirsWeb incident reporting database.

Fourteen of these incidents were reviewed during the onsite visit for the review period and copies of the reported incidents are on file. One of the abuse reports reviewed pertained to allegations of sexual abuse by a male staff member on a female youth. The program terminated the staff upon notification of his arrest; investigations by DCF, FNYFS, DJJ, and law enforcement were ongoing at the time of the QI Review. No incidents of youth being deprived of basic needs or physical abuse by program staff was reported during youth surveys conducted during the review or observed during the visit.

The three youth survey indicated knowledge of the abuse hotline and location of the posting of the number in the facility. None of the youth surveyed reported being stopped from reporting abuse. The three youth surveyed also indicated that they feel safe in the program and have never heard staff threaten them or other youth.

The two staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard the use of profanity in the presence of youth or have observed staff use threat or intimidation when interacting with youth. All staff agreed the working conditions have been fair and/or good at the program. All of the staff's training files reviewed documented staff training in Child Abuse Reporting.

A review of one of the two (2) grievances during the review period showed that one of the grievances included an allegation of verbal threat against a male youth by staff and a comment that he looks at female residents wrongfully. Per the Program Manager (PM), both she and the Director of Programs (DPO) met with the staff to address the grievance. The staff stated he was unaware of giving that impression of looking at females wrongfully. No record of the meeting between the staff and the PM and/or DPO was documented.

The provider has struggled with maintaining male-female gender compliance on all shifts making it difficult to provide appropriate supervision of youth at all times. One of the abuse reports reviewed during the review period alleged sexual assault on a female youth by a male staff. Various facts surrounding this incident draw attention to the opportunity for staff of opposite gender to have inappropriate access and contact with youth, posing a threat to the youth's safety.

It was also discovered during the course of the review that an incident occurring in May 2014 alleged improper conduct of a sexual nature of a male staff against a female youth. The incident was reported to DJJ and was declared unsubstantiated by DCF.

Another incident in October 2014, involving the excessive use of force by staff, was addressed by the DPO and PM. However, the personnel action was not completed until one month later.

As evident by these incidents and the continued gender staffing deficiency, the program does not always create an environment that promotes youth safety and eliminates the threat of any form of abuse or harassment.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has an established written policy and procedure for Incident Reporting that requires compliance with the Florida Department of Juvenile Justice (DJJ). Specifically, the policy requires incidents to be reported to the DJJ Central Communication Center (CCC) as soon as possible, and no later than two hours of the incident/gaining knowledge of the incident.

The program maintains information about incident reports via a paperless computer database system called AirsWeb. A log of all incidents which occurred and recorded in the AirsWeb system during the past 6 months was printed and provided. There were 22 reports reviewed since August 1, 2014. The types of incidents were as follows:

- Abscond: 7
- Client on Client assault: 1
- Medication Error: 6
- Program Disruption: 5
- Complaint against staff: 1
- Youth fight: 1

There were no exceptions to the 2 hour reporting requirement in any of the incidents reviewed.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

There is an agency policy and procedure pertaining to training requirements. The agency's policy and procedure complies with the minimum 80 hours of training during their first year of employment and 40 hours of job related training annually each full year thereafter.

Each staff's training file has a detailed log of needed and completed trainings, along with due dates completed, and are maintained by the program supervisor. The policy and procedure exceeds the indicator by requiring additional topics for annual training. Additional trainings and in-service hours were also visible on the training log for each file reviewed.

Three (3) of the six (6) files reviewed were for staff in their first year of employment. Two of the three reviewed for staff in their first year were in compliance for the 80 mandatory training hours required and/or have time left to complete mandatory first year trainings based on the agency's policies and procedures.

Three of six files reviewed were for staff employed for more than one year. All training files documented training hours in excess of the 40 hours required by the indicator and the agency's policy & procedures, including additional in service trainings completed.

Exception:

One of the three files reviewed for first year staff was out of compliance for CPR and First aid trainings within the first 6 months of the hire date based on the agency's policy and procedures.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedures for analyzing and reporting data for case record reviews, incidents, accidents, grievances, customer satisfaction, outcome data, and monthly review of Netmis data reports. In addition, there is a comprehensive CHS Quality Management Plan for the current FY 2015 that is comprised of three sections. Section 1 describes the agency's philosophy, Quality Management Structure, CQI strategies, and stakeholders. Section II includes a description of the agency's long-term strategic goals and objectives, management/operational performance, and program results/outcomes. Section III provides procedures for data collection, aggregation of review and analysis, communicating results, using data for implementing improvement, and assessment of the effectiveness of the QM process.

The program has a designated Quality Management Specialist (QMS) who is responsible for the implementation and oversight of its CQI program. In practice, the program's CQI program includes many activities that are conducted by all staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented.

The program's clinical staff as directed by the program supervisor conducts quarterly case record reviews. Upon completion of each record review, the QMS aggregates the results and provide a copy of the aggregated report and Quality Management Division Evaluation to the program supervisor to discuss themes, trends, and any areas of concern, during monthly management meetings. Program supervisors discuss the aggregated data with direct support staff to ensure appropriate areas are addressed and responded to in a timely manner. The QMS also follows up at a later date to spot check specific files to verify completion of the corrective actions. An email was reviewed from the QMS regarding 3rd quarter record review; the review tool and list of random samples selected was also attached and reviewed.

Monthly minutes were up to date with documentation of QM aggregated data being discussed with detailed action plans of any needed areas of improvements or changes needed from analysis

The program's Safety Committee, represented by the Shelter Manager and non-residential staff, is responsible for reviewing incidents and accidents, performing safety checks and fire drills and making recommendations to management on a monthly basis. Each program and site has a representative who sits on the Safety Committee. The safety committee meets on the third Thursday of each month and if unable to attend, can appear by phone. The QM facilitates the call and meeting minutes from each meeting are produced and provided to committee members (including the QMS), Program Managers, and the Executive Director (ED). The Division Safety Committee Coordinator discusses safety concerns and suggestions with the ED monthly and follows up with the QMS as needed. The QMS will follow up with the ED and program supervisors as needed to ensure division safety. Consumer grievances are submitted by program supervisors and reported to the QMS on a monthly basis via the PPR.

Consumer surveys are administered twice a year during the second and fourth quarters. The QMS addresses consumer surveying via email and at management team meetings and notifies the program supervisors of the outcome of the surveys. The surveys are aggregated by the QMS and provided to supervisors, DPO, and ED. A copy of the most recent Consumer Satisfaction Survey Result for the 2nd period of FY 2013-2014 was reviewed.

The provider also has a CINS/FINS Analyzing and Reporting Workgroup comprised of the Director of Program Operations (DPO), Program Manager, Clinical Supervisor, QMS, and Data Specialist that meets monthly, on the third Friday, to review findings of the peer reviews, incidents/accidents, satisfaction survey results, outcome data, and Netmis data reports. A walkthrough of the facility is conducted to review key program requirements in the shelter prior to the meeting. Strengths, weaknesses, and goals are reviewed and documented in the minutes. Copies are provided to the Youth Care Workers and Counselors.

Outcome data is reviewed monthly, quarterly, and annually. Monthly and quarterly data is entered into the agency's Division Quality Performance Report (DQPR) into the following areas: program performance, program team minutes, safety, record review, consumer satisfaction, and outcomes. The outcomes data incorporates all of the contract, Netmis, and program outcomes required by the Florida Network and DJJ QI. A copy of the Florida Network Agency FY 2015 Contract and Benchmarks was reviewed on site.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

CHS Safe Harbor is contracted with the Florida Network of Youth and Families to provide both shelter and non-residential CINS/FINS services for youth and their families in West Palm Beach, Florida. The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Trained staff are available to determine the immediate needs of the family and youth. Each youth at the program receives an initial eligibility screening, CINS/FINS Intake Assessment, a psychosocial assessment, and a service plan. The counseling component consists of a total of four (4) counseling positions and a licensed supervisor. The counselors are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services. Additionally, case management, individual, family, and group counseling services, substance abuse prevention education, and referrals to local community agencies are provided as needed. The shelter program provides critical temporary shelter care services to run-away and homeless youth, and takes care of their basic needs with the ultimate goal to reunite the youth with their families. The facility has ten beds available for both male and female youth in the CINS/FINS program and twenty-four hour awake supervision is provided for youth residing in the shelter.

As needed, CHS Safe Harbor coordinates 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. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court. Non-residential counseling services are provided by qualified Master's level staff who are under the supervision of a licensed Clinical Supervisor. Case file reviews revealed that the counselors monitor the youth's and family's progress in services, provided support for the families, and monitored out-of-home placement as applicable. Additionally, the program has many outside agencies with which to refer youth and families and makes multiple referrals to meet the needs of the families it serves.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedure detailing the availability of centralized intake services, twenty-four hours a day, seven days a week, which includes shelter intake and referrals to outside agencies. During intake, youth and parents/guardians sign forms stating they have received available service options, rights and responsibilities of youth, grievance procedures, and possible actions occurring through involvement with CINS/FINS services in writing.

Three non-residential and five residential files were reviewed. All eight had screenings completed within seven days of referral. All eight files had documentation that the youth and parents/guardians signed forms stating they received: available service options, rights and responsibilities of youth and parents/guardians, a consumer handbook, the CINS/FINS brochure containing possible actions occurring through involvement with CINS/FINS services, and grievance procedures in writing during intake. A questionnaire was in each file as it relates to auxiliary aids and services for the hard of hearing which also allowed for the family to request CHS assistance in their preferred language. Forms were also available in Spanish versions for those clients that were not fluent in English.

2.02 Needs Assessment

Satisfactory Limited Failed

Rating Narrative

The program has a policy stating the Needs Assessment is initiated within 72 hours of admission if the youth is in shelter care or completed within three face-to-face contacts following the initial intake if the youth is receiving non-residential services. The Needs Assessments are updated if the most recent assessment is over six months old.

Three nonresidential files were reviewed. All three had the Needs Assessment completed within three face-to-face contacts and all three were completed by a master's level staff and contained a supervisor's signature for review. One of the files had youth identified with an elevated risk of suicide and a further assessment of risk suicide was conducted by a Master's level counselor under the direct supervision of a licensed mental health professional.

Five residential files were reviewed. All five had the Needs Assessments initiated within 72 hours of submission and all were completed by a Master's level staff and contained a supervisor's signature for review. Two of the files had youth identified with an elevated risk of suicide; both had further assessment of risk suicide conducted by a Masters level counselor under the supervision of a licensed mental health professional.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy stating a service plan is developed with the youth and family within seven working days following completion of the Needs Assessment. The policy also includes details about what is to be contained in a service plan and requires that the plan is reviewed every 30 days.

Three Non-residential youth files were reviewed. All were developed with the youth and family within seven working days following completion of the assessment, usually within the same visit. All plans contained identified needs and goals; type, frequency, and location of services; persons responsible; target dates for completion and actual completion dates as appropriate; date the plan was initiated; and signatures of youth, parent/guardian, counselor, and supervisor. When the parent was not available or contacted via phone it was properly documented on the service plan.

Five residential youth files were reviewed. All five were developed, with the youth in person and with the family consulted via phone, within seven working days following completion of the assessment. All plans contained identified needs and goals; type, frequency, location of services; persons responsible; target dates for completion; actual completion dates as appropriate; date the plan was initiated; and signatures of youth, counselor, and supervisor.

Exception:

In the program's policies and procedures entitled "Family Involvement", it outlines that all completed service plans will be signed by the youth and family. Five out of five residential files lacked parental signatures on the case/service plan.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The program has policies related to case management and referrals to outside agencies, recommending and pursuing judicial intervention in selected cases, and youth discharge.

Three nonresidential youth files were reviewed. All files had coordinated service plans implemented and a plethora of progress notes which reflected that the counselors monitored the youth and family's progress in services and provided support for families as well as monitored out-of-home placement, as applicable. The program has many outside agencies with which to refer youth and families. The program makes multiple referrals via a form entitled, "Referral for Concurrent Services," and tracks them at least monthly on their service plan and referral checklist as well as in their progress notes. The program provided case monitoring and review of case staffing in the file that was applicable. The program also provides follow-up services after discharge.

Five residential youth files were reviewed. Similarly, all files had coordinated service plans implemented, a plethora of progress notes that reflected the counselors monitored youth and family's progress in services, provided support for families, and monitored out-of-home placement. Similarly, the program has many outside agencies with which to refer youth and families and makes multiple referrals and tracks them at least monthly on their service plan.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy to provide an array of services to preserve the unity and integrity of the family. The policy also includes supervisory review. In addition the program has a staff directive that further defines required timelines for supervisory review.

Three nonresidential youth files were reviewed. All three files showed coordination between presenting problems, the needs assessment, the service plan, the service plan reviews, case management, and follow-up. Chronological case notes on the youth's progress were maintained in all files. All files contained signatures of supervisory review by a LMHC.

Five residential youth files were reviewed. All three files showed coordination between presenting problems, the needs assessment, the service plan, the service plan reviews, case management, and follow-up. Chronological case notes on the youth's progress were well documented and maintained in all files. All files contained signatures of supervisory review by a licensed clinician. The four youth who were interviewed reported they knew their counselor. Youth can participate in extra classes which include fitness, art, and creative writing.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy detailing the CINS/FINS petition process including the case staffing committee. This includes the requirement that a case staffing committee is convened within seven 7 working days from receipt of the written request from the parent/guardian, and that within 7 seven working days of the meeting, a written report is provided to the parent/guardian outlining the committee recommendations. Recommendations of the case staffing committee will be incorporated into the service plan.

Three non-residential youth files were reviewed. In all cases, proper notification was given to the family as well as the case staffing team. A letter is mailed to the School District of Palm Beach County; however, the representative rarely shows. In addition representatives included the CINS/FINS provider, law enforcement, and the parents/guardians. The family was provided a written report outlining the committee recommendations in all cases. The program does have an established case staffing committee as well as an internal procedure for scheduling case staffing meetings as needed. In one case, a service plan review was not completed within 7 days after the case staffing as the parent refused services. The agency in another case received a written request by an attorney representing the mother. The case staffing concluded within 7 days, but the attorney would not allow the mother to sign any forms or undergo the intake process. It was later ascertained by the agency that the youth did not qualify for a petition as there were open DCF allegations.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The Program has a policy detailing the confidential nature of case files. It specifies how cases are opened, how they are closed, where they are kept and how they are stored, person responsible for the maintenance of the files, how they are organized, that they will be marked confidential, and how long they are maintained. Three nonresidential files were reviewed. All three files were marked "confidential" and files are kept in a secure room. All three file records were organized in a neat and orderly manner so that staff can quickly and easily access information. Five residential files were reviewed. All five files were marked "confidential" and files are kept in a double locked secure room. All five file records were organized in a neat and orderly manner so that staff can quickly and easily access information. All five files were marked confidential.

Standard 3: Shelter Care

Overview

Rating Narrative

CHS Safe Harbor Shelter program provides temporary residential shelter care for male and female youth identified to be at-risk. The program has adequate space for all indoor and outdoor activities and is equipped with one dormitory for youth of both genders. The dormitories, kitchen, restrooms and common areas were observed to be clean during the visit. Each bedroom is furnished with two beds with separate pillows and bed covering and a closet for youth belongings. Youth have access to a large yard with tennis and basketball courts for outdoor activities.

All youth who are admitted to the program receive a copy of the Consumer Handbook and an orientation to the facility. During the admission's process, each youth receives a new CINS/FINS intake screening to identify any medical, mental health, and/or substance abuse condition and this information is provided to the assigned clinical staff. The program provides individual, group, and family counseling, as needed. Group sessions are scheduled at least five times per week. The program also has a Comprehensive Master Plan for Access to Mental Health and Substance Abuse Services in place. Interagency Agreements have been established for the provision of health education, leadership development, and substance abuse, mental health, and medical services. The program also has a Licensed Mental Health Counselor (LMHC) who serves as the Clinical Supervisor for four counselors and program interns. At least one of the counselors is assigned to the residential youth.

The shelter is designated by the Florida Network to provide staff secure services but has not admitted a Staff Secure youth since the last onsite visit. The Department of Children and Families has licensed Safe Harbor as a Child Caring Agency, with the current license for ten (10) beds, effective until January 23, 2016.

Counseling services to youth in the Residential program are provided by a Master's level Counselor under the supervision of a licensed Mental Health Supervisor. College Interns are also utilized by the program to assist with delivery of services.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedures that address all of the key elements of this CQI indicator regarding maintaining a safe and clean shelter environment. The policies were last reviewed on 2/12/13 and were approved and signed by Julie Demar, the Agency's Executive Director. An inspection of the shelter environment was conducted during our tour of the facility. In general, it was noted by all of the review team members that the facility was clean and well maintained. During the tour, the census was observed on the client alert board to be four youth (3-boys and 1 girl), and one of the clients was in the facility during the tour.

The facility was free from any observable physical property damage and there was no graffiti, hazards or debris observed during our site visit. In bedroom #2, there was a broken dresser drawer and metal tipped hanger. In bedroom #3, there was paint on the floor and a broken drawer. In bedroom #4, there was a large scratch on one of the night stands. In the shelter hallways, the closets for hygiene products, chemical inventory, recreation equipment, clothing donations were observed and were found to be very organized. The kitchen and dining area were also inspected during the review and the refrigerator was clean and pantry area organized. The agency's last inspection by the State of Florida Department County Health Department was conducted on 12/22/2014 and resulted in a satisfactory inspection with few violations for having ranch dressing expired in the refrigerator and for not having a cover over the light bulb in the pantry; both were to be corrected by next inspection. The agency also has a knife for life located in the staff office and two first aid kits in the shelter (Kitchen and Staff office).

On the outside of the facility, there is a large area for recreation with a basketball court, a tennis court, and a racquet ball area which is being used as a storage area at the moment. The grounds are spacious and the landscape was well maintained.

The shelter is licensed by DCF as a 10 bed facility. The current license expires 1/23/2016. The agency has posted client recreation activities, menus (which were signed by registered Dietician), grievance forms, and a grievance box. The agency also has important hotline numbers for clients. Also, during the review, the agency vehicles were observed and were very clean and had working seat belts. The vans had first aid kits, fire extinguishers, and registration /current insurance. The agency vans are insured by First Nonprofit Insurance and vans registration expires 7/15 and 12/15.

The agency has a policy and procedures that include a comprehensive safety and emergency disaster preparedness plan. The emergency response plan includes all forms of emergencies, special considerations for residential program, hurricane preparedness/emergency kit inventory/ bomb threat and checklist. Fire drills and episodic drills are conducted on monthly basis on each shift. On two of the fire drill logs for the past six months, staff did not write any area of strengths or weakness. There was one emergency response simulation form where the staff did not complete detailed debriefing stating what happened including staff roles and any critique of strengths and deficits (2/13/15 at 11:15pm). During the tour, it was observed that no alarms/alerts were activated if any of the exit doors in the dormitory area were opened. It has been noted in incidents where clients have absconded from the back door in the shelter.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this CQI indicator. The policies were last reviewed on 2/12/13 and were approved and signed by Julie Demar, the Agency's Executive Director. Youth admitted to the shelter go through a comprehensive new client orientation process that consists of 23 specific areas documented on the Client Orientation check List.

A review of three residential program orientation files indicates that all residents receive a detailed orientation during intake process. Of these files, the documentation indicates that all clients receive information on the program rules, client rights, the behavior management system, and grievance process which is explained by CHS staff. The clients all sign and initial receiving the client handbook and above mentioned information. The agency provides a checklist, which also includes staff initial and signature, of the procedures taken place during the intake process. Clients also receive a Safe Harbor Shelter handbook and Parents receives a Consumer handbook which explains the program services and service options.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy and procedures that include all components that meet the general requirements of youth room assignment. The program documents the client's room assignment on the CINS/FINS Intake Form during the intake process.

Three residential files were reviewed and all files had clients receiving general classification and room assignment while being admitted in the shelter. All files included age, gender, height, weight, and build of client. For classification, all client history is gathered for criminal offenses/delinquency, assault or aggressive behavior, gang involvement, sexual assault, chronic runner, mental health, and substance abuse. The program also has a peer/supervisor who reviews and signs the CINS/FINS Intake Form within twenty-four hours of the room assignment. The agency also has a practice of utilizing the alert system which is by way of color stickers: mental=red, runaway=peach, substance=orange, medical=blue, and allergies=green. The agency has five bedrooms shelter with a total of 10 beds that are available for youth. It was indicated during an interview with the Shelter Manager, that there may be times where a client has to be moved from one bedroom to another to accommodate a referral for placement depending on the gender.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The policies were last reviewed on 2/12/13 and were approved and signed by Julie Demar, the Agency's Executive Director. Safe Harbor Shelter maintains a permanent bound logbook that records all routine information, emergency situations, and incidents pertinent to shelter activities. The agency requires all staff to utilize the log book for the purposes of signing in and signing out.

A log book was reviewed during the timeframe from September 18, 2014 through February 27, 2015. Communication among staff from shift to shift was well documented in the log book along with staff reviewing the log book back to their last shift worked. On September 18, 2014 on the 3rd shift at 11:15pm staff failed to document bed check. The log book indicates that the staff is signing in and signing out on each shift. Shelter supervisor reviews log book weekly and documents in red ink stating log book was reviewed and also initial on each page as they are read. Supervisor also provides information and any recommendations for staff in red.

It has been observed that staff is not consistent in documenting the name of clients who are being taken off campus to school. CCC incidents that were called in as well as responses from CCC were documented in the log book. Staff also documents when client arrives in shelter and when there are discharges. Visitors are logged in the log book, but photo identifications are kept in the client files. Staff also report in the log book when a client is frozen in the Behavior Management System.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency has implemented policies and procedures regarding its BMS that will encourage accountability and provide positive reinforcement for compliance with the program's rules and expectations.

In the review of three residential files, it was confirmed that staff does explain the behavioral modification system during program orientation and staff documents the behavioral notes on a daily basis. The behavioral notes include the reason why the client was brought to the shelter, who transported the client to the shelter, the expected stay along with critical and useful information from the intake process. During the interview with the Residential Shift Leader, the BMS procedure that is in place was described. Clients can earn up to 68 points a day. New intakes remain on orientation level until the following day when they are able to start accumulating points. CHS Safe Harbor shelter has three levels in the BMS system: Orientation and Level 1 through Level 3. The highest points given for any task or behavior is two points. CHS Safe Harbor staff determines how many points a client receives based on the level of compliance with following rules and completing tasks. Client daily points are posted for clients to view and follow. Clients can request to move to level 2 or 3 by writing a paragraph stating why they deserve to be on those levels. Level 2 BMS request forms can be approved by the Residential Shift Leader or Program Manager. Level 3 BMS request have to be approved by the Shift Leader on each shift and by the Residential Shift Leader or Program Manager.

Clients are able to cash out their points each Monday to receive a BMS reward in the reward closet. In the closet there were items such as candy, accessories for girls, hygiene products, jewelry, and other supplies. The rewards items valued 100 points to 350 points. BMS consequences for clients not following rules and poor behavior will result in not participating in the next scheduled outing, but client points are never taken away. Client point sheets are completed daily on each shift by staff and are on a weekly sheet. BMS staff training is completed during new hire orientation and a continuation of NAPPI training takes place annually.

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

Based on the Florida Administrative Code, the minimum ratio required is 1 staff to 6 youth during awake hours and 1 staff to 12 youth during sleep period. The staff schedule is provided to staff and is visibly posted in the Intake office with the staff responsible for medication distribution identified for each shift. There was an overtime rotation roster observed, which included the home telephone numbers of staff who may be accessed when additional coverage is needed. During the time of the review, overtime was available due the staff vacancies.

The shelter is licensed for 10 beds and, at the time of the review, 3 beds were filled with two males and one female resident. The program accepts both males and females youth. Staff schedules reflected at least 2 staff per shift. Staff was also observed to be in compliance of the agency's policies and procedures of a youth who was identified as a risk of suicide, having continuous, unobstructed and uninterrupted sight and sound of the youth at all times.

Efforts of filling vacancies for male staff were provided based on interviews of ten males conducted from July 2014 to present. Staff schedules did reflect overnight shifts having at least two staff scheduled, meeting the staff to youth ratio. Based on staff scheduling observed for the month of January 2015, the program was out of compliance for having at least one staff on duty of the same gender, being that the program accepts both male and female youth. The gender requirement was not met on multiple shifts throughout the day. The log book documentation supported various incidents of staff supervising and transporting youth of the opposite gender even when the opportunity for same gender transport was available.

There were a few occasions reviewed via security surveillance and/or logbook documentation that drew attention to inadequate and/or inappropriate supervision of youth. Based on contract policies and procedures, staff must observe youth every 15 minutes while they are in their sleeping rooms, either during sleep hours and/or other times such as during illness. On dates observed 1/26/15-1/27/15 by surveillance, log books documented staff bed checks were conducted in increments of 15 minutes starting at 10:00 pm; however, surveillance times showed increments of approximately 18-20 minutes. The designated staff responsible for bed checks on the staff schedule was not supported by the security surveillance for the dates observed. A male staff was observed standing at the door of a female youth for between 3-5 minutes with no documented justification in the logbook.

Based on incident report # 201405226, while on an outing off site with staff at the park, a youth was able to make contact with an outside youth, who was not in the program, and was consequently exposed to a joint. The youth was observed by staff with the contraband in his mouth. This incident is an example of inadequate staff supervision that jeopardized the safety of the youth.

3.07 Special Populations

Satisfactory Limited Failed

Rating Narrative

The agency has a written policy and procedures that address the requirements for providing services to Staff Secure, Domestic Violence (DV) Respite, and Probation Respite youth populations. The policies were last reviewed on 2/12/13 and were approved and signed by Julie Demar, the Agency's Executive Director.

The provider is a designated Staff Secure Shelter but no Staff Secure beds were filled at the time of the review or during the review period.

A review of one youth file was conducted for DV respite. The youth file reviewed had documentation of a pending DV charge. The documentation was present in the youth's file assuring the youth was screened by a JAC/Detention staff and appropriately referred to the shelter for Domestic Violence Respite services. The youth file reviewed reflected individual goals for aggression management, family involvement, and ATOD. Signatures of the youth were present acknowledging the case plan goals.

A review of one youth file was conducted for probation respite. The youth file reviewed had documentation that the referral was made from DJJ probation. The documentation was present in youth file confirming that youth was on probation with Adjudication Withheld. Documentation was present in the youth file that approval was given before admission by the Florida Network. The file reviewed did reflect that the youth's length of stay was not beyond 30 days from the admission date 9/24/14 (discharge date 10/20/14). There is evidence of individual goals, case management needs, and counseling needs reflected in the case plan. Signatures were present of the youth acknowledging the case plan goals. In addition, the services provided mirror those services provided to CINS/FINS services.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

CHS Safe Harbor has specific procedures related to the admission, interviewing and room assignment of youth admitted into the program. Upon admission, YCW staff will interview youth and complete the intake. An initial intake assessment occurs to determine the most appropriate room assignment given the youth's needs and issues, the current population at the facility, physical space available, and staff's assessment of the youth's ability to function effectively within program rules and expectations.

Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history (including gang or criminal involvement), potential for aggression, and apparent emotional or mental health issues. Based on this information, the youth is assigned a room which can change after further assessment. Room assignment is documented on page 2 of the CINS/FINS Intake Assessment form.

Staff on duty at the time of admission immediately identifies youth who are admitted with special needs and risks, such as risk of suicide, mental health, substance abuse, physical health, or security risk factors, etc. The Program Manager, Counselor and/or the DPO is notified immediately if risks and/alerts are present and recommendations regarding placement and supervision are provided to the direct care staff. This information is documented on the alert board that is mounted in the medication room, on a youth alert form, and in the youth files using a color coding system. Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission.

Medications are stored in a locked room in a double locked medication cabinet. Topical and/or injectable medications are stored separately from oral medication. Refrigeration is available for medication requiring cool storage. The program has a list of staff who are authorized to distribute medication and the designated staff is identified for each shift. Medication records for each youth are maintained in a binder that is stored in the locked medication cart in a locked room.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures in place to ensure the provision of a physical health screening for each youth admitted to the program. The review of three youth case files confirmed that, in all three cases, the shelter completed a preliminary healthcare screening that include all the required elements, and ensure the youth has no health or medical conditions that require immediate action. The review of the youths' files also revealed that in all the applicable cases the program completes the applicable referrals, and that the parents/guardians were actively involved in the coordination, scheduled and follow-up of the medical appointments, and all the referrals were documented, as required. The program's procedures listed the closest hospital options for youth in need of care.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures for mental health, substance abuse, and suicide risk screening and additional policy for suicide assessment. During the intake process staff reviews the youth's past and current mental health, including suicidal history.

The review of three active youth files found that each youth in the program received a screening for suicide risk using the CINS/FINS Intake Assessment Form, an assessment of suicide risk, and completed a Client Safety Agreement. Clinicians use the Safe Harbor Assessment of Suicide Risk (SHASR) to assess the current level of risk and make a determination for recommended level of supervision.

The review of the files and documentation confirmed that youth awaiting assessment by a licensed mental health professional were placed on constant sight-and-sound supervision, and the supervision level was maintained or changed as applicable.

Exception:

Not all the precautionary observation logs reviewed were signed by each shift supervisor and for the mental health clinical staff responsible, as required.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The program has written procedures in place for medication management that includes receipt, storage, inventories, distribution, and documentation of medication. In addition, the program has procedures for medication disposal, to ensure the safe and secure disposal of medication.

A tour of the program, observation, and staff interviews found that all the program medication was stored in two carts located in a locked area inaccessible to youth. Each's youth medication was stored in a separate Ziploc bag. Only the program manager and the residential shift leader have access to the only set of keys for the medication area. Oral medications are stored separately from injectable and topical medication. The program has a small refrigerator that was used only for medication and was observed empty. There were no narcotics in the program at the review time.

Shifts-to-shifts counts are conducted and documented utilizing the Shift Change Medication Count Log. The program had a list of twelve staff members that can distribute medications to the youth. Sharps are observed secure and counted weekly.

The program had medication records that contained all the required information. At the time of the review one youth was on psychotropic medication, and he had just arrived the day before to the program from the detention center. The program maintains an over the counter (OTC) medication count record, and also had OTC bulk supplies in a locked area. The program utilized a Medication Agreement form signed by the parent/guardian that listed the youth's medication(s) that they received upon youth's departure from the program.

A review of the Central Communication Center's (CCC) program's incident reports found that several alleged incidents in the program were related to medication management. Staff interviewed indicated that the staff involved received verbal warnings, and the staff involved in each incident received a review of the applicable procedures, and one staff member involved in three medication error incidents was terminated for other reasons. In addition, on April 16, 2014, the program's Executive Director conducted a team meeting that included medication management and protocols and procedures related to medication distribution; on October 8, 2014 a Department of Juvenile Justice's Registered Nurse Consultant conducted training on medication management, documentation and delivery, to include admission, verification, and discharge processes to ten staff members, that also received additional certification for Epi-pen training provided.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures related to medical and mental health alert processes.

A tour of the program found that the program maintained a color code alert board in the intake office, and a food allergy alert in the kitchen. Informal interviews with staff indicated that each shift staff member reviewed the alert board.

A review of three active youth files indicated that each contained a General Alert Sheet that included the mental health, substance abuse, medical, food, behavior, and runaway risk alerts that are also color coded. Observation and medical documentation reviewed revealed that common side effects of each applicable youth prescribed medication are documented and/or attached to the medical distribution records. Staff surveyed indicated that they are informed of the youth's medical alerts through the alert forms, at the shift meetings, by the log book, and the youth's files.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures for episodic/emergency care that was reviewed. In addition, the program has procedures for emergency mental health and substance abuse services that included suicide prevention, and crisis intervention procedures.

A tour of the program found that two Knife-for-Life, wire cutters and first aid kits are maintained on the program. Staff surveyed indicated that they knew the location of the suicide response kit. Documentation reviewed found that the program had a Medical Care Log that contained an Episodic/Emergency Care Log, a Routine Medical Care Log, and incident reports regarding emergency/episodic medical or dental care.

Training documentation reviewed confirmed that the program staff received training in cardiopulmonary resuscitation (CPR) and emergency procedures. Documentation reviewed found that the program regularly conducted episodic emergency medical drills on each shift. The program usually utilized the Wellington Regional Hospital (nearest) for emergencies.