



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of CHS Osceola

on 03/09/2018

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	No Rating
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 3: Shelter Care

3.01 Shelter Environment	No Rating
3.02 Program Orientation	No Rating
3.03 Youth Room Assignment	No Rating
3.04 Log Books	No Rating
3.05 Behavior Management Strategies	No Rating
3.06 Staffing and Youth Supervision	No Rating
3.07 Special Populations	No Rating
3.08 Video Surveillance System	No Rating

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

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

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	No Rating
4.02 Suicide Prevention	No Rating
4.03 Medications	No Rating
4.04 Medical/Mental Health Alert Process	No Rating
4.05 Episodic/Emergency Care	No Rating

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

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

Rating Definitions

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

Satisfactory Compliance	Non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant - Forefront LLC

Raylene Coe, Street Outreach Coordinator, Crosswinds Youth Services

Paul Czigan, Regional Monitor, FLDJJ Program Accountability, Bureau of Monitoring and Quality Improvement

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 checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input checked="" type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 1 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 1 Program Supervisors | 0 Food Service Personnel | 1 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 2 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 6 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 4 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

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 checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

Children's Home Society of Osceola County (CHS Osceola) 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 is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

CHS Osceola is located in Kissimmee, Florida at 2653 Michigan Avenue. Since accreditation, CHS Florida has maintained its accredited status by the Council on Accreditation and was reaccredited effective through 6/30/2021. Since the last QI visit, the agency was re-branded with new logo/colors, updated website, and a new mission statement. In addition, the corporate office (Home Office) was moved to a new location at 482 S. Keller Road, Orlando, Florida 32810.

The agency operates multiple programs at the Michigan Avenue location and is the site for its Head Start, Case Management, and Visitation programs. During the tour, the offices were observed to be fully furnished. The building consists of a comfortable lobby with chairs, postings, and promotional materials where guests are greeted by an agency staff; conference room; bathrooms; staff offices; supervised visitation rooms; and a staff kitchenette. Adequate spacing allows for family visitation, group sessions, or intake if needed.

The provider serves Osceola County which includes Kissimmee, Poinciana, and St Cloud. It provides enhanced services to CINS/FINS youth/family by offering parenting classes and psycho-educational groups. In addition to using the Why Try curriculum in social skills groups, the program also offers weekly groups (September – May) to address anxiety disorders, depression, and impulsive behavior through funding by the City of Kissimmee. The provider also started a new program called Rainbows which serve as a source of support for all youth as they navigate grief and heals from loss, whether from death, divorce, deployment, or other trauma.

CHS implemented a Telehealth Psychiatric service to enhance health care, public health, and health education delivery and support services to its youth and families, using telecommunications technologies. Telehealth encompasses a broad variety of technologies to deliver virtual medical, health, and education services.

CHS continues to foster a health awareness environment through its Self-Care University online that provides training, EAP, wellness, fitness/exercise, nutrition, trauma care, and interpersonal skills resources.

Standard 1: Management Accountability

Overview

Narrative

CHS Osceola's non-residential CINS/FINS program is staffed by a Program Supervisor, two full time counselors, and an Administrative Assistant/Data Specialist. Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Three new staff were hired during the past year and there were two interns currently volunteering in the program. There were no applicable 5-year re-screenings for the review period. At the time of the review, there were no vacant positions in the program.

The primary goal of CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by CHS Osceola, staff are trained to conduct screening and assessment services to eligible youth and families. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider utilizes a variety of sources for training such as the FN, local providers, and their own CHS Relias Training Learning Program. Some training was also documented in the Department's Learning and Management System (SkillPro).

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities. Outreach activities are entered into NetMIS. The program was able to purchase new outreach material and banners through a small grant it received.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program policy 4.04 applies to background screening and Annual Affidavit of Compliance with Level 2 Screening Standards. The policy was effective January 30, 2004, and last updated by the Executive Director March 5, 2018.

The program policy requires all employees and volunteers of Children's Home Society of Florida (CHS) to complete criminal history background screenings as a condition of employment and continued employment. These shall include, but not be limited to, statewide criminal checks through the Florida Department of Law Enforcement (FDLE), federal criminal records checks through the Federal Bureau of Investigation (FBI), criminal history check through the Department of Juvenile Justice (DJJ), local criminal records checks through local law enforcement agencies, employment history checks, and fingerprinting.

The program had three new program staff hired since the last QI visit in June 2017. In addition, there were three interns, two current and one who recently separated, who provided volunteer service at the program during the review period. Each of the three new hires has an eligible Department of Juvenile Justice background screening result through the Clearinghouse completed prior to hire. Similarly, the three program interns were screened through the Clearinghouse and eligible background screenings were obtained prior to volunteer start dates. It was observed that two of the intern's clearinghouse screenings were initially requested through DCF and one through DJJ. The Program Manager later requested the DJJ screenings which resulted in the eligibility dates being effective after the Intern's start dates.

There was no staff eligible for five-year re-screening. However, the program has a process in place to track the date of hire to ensure the required re-screenings are completed.

The program provided documentation to support the supervisor completed the Annual Affidavit of Compliance with Level 2 Screening Standards January 4, 2017 and emailed it to the Department January 10, 2018.

No exceptions noted as of the date of the onsite QI visit.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

There were two policies pertaining to provision of an abuse free environment: 1) Provision of Abuse Free Environment CHS 4.03 with an effective date of 01/30/2005 approved by Tara Hormell, Executive Director, and updated 07/28/2017, and 2) Consumer Grievance CHS 1021 with an effective date of 07/19/2001 approved by Statewide directives committee and updated 07/27/2016.

The policy of abuse free environment requires all staff to read and sign acknowledgement of receipt and responsibility for compliance with program policies, procedures and code of conduct. The program has a Team Member Handbook which contains all requirements for staff performance and behavior. The program has a code of ethics (section 1.5) and a section of professional conduct and self-responsibility (section 2.1) included in the Team Member handbook for which each staff has signed acknowledgement. Between the two sections the program specifically prohibits threatening, abusive or vulgar language, physical abuse or threats of abuse and intimidating, tormenting or bullying behavior.

The program has a team member grievance process (section 2.15 of the Team Member handbook) which requires staff to submit grievances through the chain of command. In addition, each youth and the parent/guardian are provided with a copy of the client appeal process which provides recourse for appeal, complaint and allegation of child abuse. Policy 4.03, Providing an Abuse Free Environment, has a process which indicates the program has an accessible and responsive grievance procedure fully described in the Children's Home Society (CHS) Consumer handbook provided to every family at intake. The consumer handbook at page 2 indicates the consumer has the right to file a grievance and to receive a copy of the CHS consumer grievance procedure. Page 9 of the consumer handbook begins a section titled Consumer Grievance procedure. Further, the program has a six-page statewide directive number CHS 1021 addressing consumer grievance, further amplifying the program's process. Procedures include the rights of grievance, process for resolution, and how the program will attempt to find a solution with administration if a solution is not found at the direct service provider level. The initial person filing a written grievance should give the document to the supervisor for action.

The program has made calls to the Florida Abuse Hotline in the review period as a result of youth or parent/guardian disclosures during intake or case management activities. The staff documents the calls in the Accident and Injury Reporting System (AIRS). Staff interviews revealed staff had made several calls since January 1, 2018. A review of the AIRS system revealed staff had made eight calls to the Florida Abuse Hotline during the review period; five were made in 2018 and three in 2017. There have been no allegations of abuse regarding program staff behavior during the review period. There were no grievances found submitted by youth or parent/guardian during the review period.

A review of the staff personnel records revealed each staff had signed acknowledgment of receipt of the team member handbook and an understanding of responsible for all the information contained in the handbook. The acknowledgment form indicates the staff understands they are responsible for all the information contained in the handbook. In each staff record, there was a separate acknowledgement of receipt of the reporting abuse of children and vulnerable adults. In addition, each staff member's job description includes a line item indicating the staff in expected to contribute to an engaging, positive work environment by among other things, complying with the program policies, procedures, code of conduct, contracts and other legal obligations.

No exceptions noted as of the date of the onsite QI visit.

1.03 Incident Reporting

Satisfactory
 Limited
 Failed

Rating Narrative

Incident Reporting policy 4.02, effective date of 07/10/2010, was approved by Tara Hormell, Executive Director and updated 07/28/2016.

The program has policy and procedures (procedure 4.02) relating to incident reporting which included all required elements. The procedures include the requirement for reporting incidents within two hours of learning of the incident and procedures for communication, documentation, and review by supervisory and administrative personnel. Procedures include documentation in the Accident and Incident Reporting System (AIRS) data base by the end of the workday, recording individuals involved, and times of notification. Procedures further include directions to notify supervisory staff and minimize risk to youth or victim of physical and/or psychological abuse, verbal intimidation, use of profanity and or excessive use of force. Follow-up investigative actions, tracking of incidents, and misconduct and strategies for decreasing/minimizing risk are also included.

The program has had no incidents requiring a report to the Central Communications Center (CCC) during the review period. A review of staff training records revealed all staff have been trained in incident reporting procedures. A review of youth records did not reveal any incidents which should have been but was not reported to the CCC.

No exceptions noted as of the date of the onsite QI visit.

1.04 Training Requirements

Satisfactory
 Limited
 Failed

Rating Narrative

Training Requirements policy 5.02, effective date 07/01/2011, was approved by Tara Hormell, Executive Director and updated 06/12/2017.

Procedures include both full and part-time staff working in direct and continuing contact with youth to receive a minimum of eighty hours of training during their first full year of employment and forty hours of job related training annually each year after the first year. Certain core courses are required to be completed within the first 120 days of employment and nine additional courses completed on the Department's Learning Management System (SkillPro). Twenty additional courses are required to be completed by the end of the first year of employment. In-service annual training course requirements included a minimum of six courses.

A review of three new hire staff training records revealed the program maintained a file for each staff including an individualized training plan and documentation and certifications of completed training. Two of the three new hire staff had completed 120 days of employment and each of the staff had completed all the training required within the time frame. One staff hired in December 2017 has until April to complete the courses of mandatory training within the first 120 days of hire; however, she had already completed most of the required training and acquired seventy hours of training. Two staff had acquired seventy hours and one staff had seventy-three hours of pre-service training up to the time of the review. All three of the staff still have time to complete the required eighty hours of pre-service training in the first year of hire.

One applicable staff training record was reviewed for in-service training. The staff completed all required courses within the required time frame. She had completed eighty-four hours of in-service training. She updated her cardiopulmonary resuscitation and first aid training for two years. She had fire safety equipment training in June 2016, so her training is within the two-year time frame. The program maintained a file for each staff including an individualized training plan and documentation and certifications of completed training.

No exceptions noted as of the date of the onsite QI visit.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure, CHS/5.01, for Data Collection effective 7/28/16 and last updated 12/16/16. In addition, the agency has a Quality Management Plan (QMP) for 2017 that describes specific procedures for the collection and review of case records; incidents, accidents, and grievances; review of customer satisfaction data; and review of outcome data. Section XI of the QMP 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 agency's procedures ensure that the program collects and deliver timely and accurate data required by the Florida Network. The agency 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 various staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented. CINS/FINS staff participates in the collection and dissemination of data that is reported to the QMS for aggregation.

Quarterly case record reviews are conducted by the program counseling staff as directed by the program supervisor and are due to QM for data input and aggregation each quarter. Upon completion of each record review, the QMS aggregates the results and provide a copy of the aggregated report which is saved on a shared drive and shared with program supervisors to discuss themes, trends, and any areas of concern. The QMS also follows-up at a later date to spot check specific files to verify completion of the corrective actions. A checklist of the monitoring checklist completed is maintained in each file.

The program's Safety Committee is responsible for reviewing incidents and accidents, performing safety checks and fire drills, and making recommendations to management on a monthly basis. Each program site has a representative who sits on the Safety Committee. Minutes from each meeting are produced and provided to committee members (including the QMS) 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 surveys are administered twice a year during the second and fourth quarters. The surveys are aggregated by the QMS and provided to supervisors, DPO, and ED.

Outcomes data is reviewed monthly, quarterly, and annually. This information is conveyed to staff at monthly staff meetings, where patterns and trends are noted and quality improvement strategies are solicited and discussed for potential implementation. Monthly and quarterly data is entered into the agency's Program Performance Report (PPR).

Monthly reviews of NetMIS data sent by the FN is conducted by the Program Director and Program Manager. The Data Specialist also monitors the NetMIS data and reports deficiencies to staff during monthly staff meetings.

A copy of the program's quarterly aggregate records for the past two quarters, August 2017- January 2018, was provided to this reviewer. The report demonstrates that reviews of CINS/FINS case files on a quarterly basis are conducted. A total of 12 files were reviewed for the period with a YTD overall compliance rate of 100%.

The program has not had any reportable incidents, accidents, or grievances during the past year. Meeting minutes for the past 6 months were reviewed. The committee discusses a variety of safety items including injuries, illnesses, incidents and accidents and recommendations for prevention of similar accidents/incidents are discussed and submitted for approval. The Program Manager participates on the safety committee and maintains a safety binder that includes the following: Statewide Safety Manual; 2017 Emergency Response Plan; monthly facility inspection; monthly fire drills; and fire inspections. The most recent annual fire inspection was conducted by the Osceola County Department of Fire Rescue and Emergency Medical Services in June 2016. The Program Manager followed up with the Fire Rescue agency during the onsite visit to request an inspection since one was not conducted in 2017. The next inspection was scheduled for March 16, 2018. A service call invoice from United Fire Protection was reviewed for certification of the program's 8 fire extinguishers in June 2017.

Copies of the Consumer Satisfaction Aggregation Tool for the two periods of FY 2017-2018 for child and adult were provided. The aggregation tools indicate the return rate for the surveys as well as overall rate of satisfaction. The CINS/FINS Program staff also obtains client satisfaction surveys at case closure and enters them in NetMIS.

The outcomes data is incorporated into the program's Annual Program Performance Report, which compares the entire contract, NetMIS, and program benchmarks required, by the Florida Network and DJJ QI, to the program's actual performance. A copy of the year-to-date PPR (July 2017- January 2018) for the current FY was provided and reviewed on site. Outcomes data is captured for outreach services, caseloads, referral/screenings, and assessments.

Evidence of discussion of NetMIS topics is observed in the minutes of monthly staff meetings held between July 2017 and March 2018. The agenda included topics for incidents/accidents, consumer grievances, safety issues, peer record reviews, CINS/FINS Benchmarks, and QIC.

No exceptions noted as of the date of the onsite QI visit.

1.06 Client Transportation

Satisfactory Limited Failed

Rating Narrative

This indicator is not applicable for Non-residential CINS/FINS Programs.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

Outreach and Linkages to Local Community Services policy 1.07, effective 7/01/2011, was approved by Tara Hormell, Executive Director and updated 06/12/2017.

The program participates in each local county council and the Department Circuit 9 Advisory Board to ensure prevention programming and CINS/FINS services are represented. The program supervisor is the main designee to attend local and circuit level meetings convened by the Department. Additional outreach efforts include but are not limited to youth and families through presentation in schools, community agencies and resources, events, fairs, law enforcement, and businesses, as well as, dissemination of printed materials informing the community of CINS/FINS as an effective prevention and intervention service. The program will present information on the needs of and available services for runaway, habitually truant, and ungovernable youth and their families through the distribution of a parent brochure/handbook provided by the Florida Network. All outreach activities will be documented and tracked on the Outreach Form and entered into the NETMIS database with description of content, group attending, and the number in attendance.

The program will maintain written agreements with other community partners that include services provided and a comprehensive referral process. The program will maintain a list of community partners as evidenced by written agreements/Memoranda of understanding that address the services to be provided and the referral process. The list will be submitted to the Florida Network to demonstrate community partnerships. The program will make group presentation to Osceola County elementary, middle and high school staff and students on the dangers of running away and other risky behavior and where to get help fast.

The program has an annual outreach plan reviewed and revised for each fiscal year. The DJJ Community Advisory board (CAB) meets bi-monthly and alternatively between Orange and Osceola counties. Quarterly Students with Emotional Disability Network (SEDNET) meetings are held. Osceola Children's Cabinet meetings are held monthly. All of the programs send the agenda and announcement digitally to the program and staff's attendance was documented by personal notes on the agenda for each of the three identified meetings. There were no sign-in sheets available for review to verify attendance. The supervisor usually attends these three events. Documentation of visitation to other outreach providers also included participation of case managers and support personnel.

Interagency agreements are usually good for 2 years. Significant agreements were reviewed including agencies such as the Osceola County School District, Boys Town Central Florida, and collaborative agreements with Orange County Shelter and Polk County shelter, and ACCESS Florida Community Partner Network. A review of business agreements included agencies such as Americans Disabled Attendant Programs Today (ADAPT), Children and Family Place, Central Florida Cares Health System, Hispanic Family Counseling, A Great Life Services, CJA Behavioral Services, Kinder Consulting and Parents Too, Inc., Aspire Health Partners, Community Life Development, Beltran Behavioral Health, Devereaux Advanced Behavioral Health, and Caribbean Community Connection. Further there was documentation of significant relationship with the following agencies: Osceola Children's Cabinet, Osceola Alliance, the Department, Community Based Care, Family Court, Young Men's Christian Association (YMCA), Boys and Girls clubs, Big Brothers/Big Sisters, Kissimmee Police Department, Osceola Sheriff's Office, McClaren Circle Community Center, Park Place Behavioral Health, and Aspire Prevention. The program maintained documentation of attendance at regularly scheduled meetings of the Osceola Children's Cabinet, and the Department Quarterly Community Advisory Board (CAB) as well as numerous monthly contacts with schools, mental health associations, and community events. The program maintains a list of schools in the targeted zip codes with contact persons, and targeted dates of contact as part of the annual plan.

No exceptions noted as of the date of the onsite QI visit.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

CHS Osceola is a non-residential CINS/FINS provider contracted with the Florida Network of Youth and Family Services to serve youth and families in Osceola County. In addition to CINS/FINS, the agency also provides grief therapy, early head start, substance abuse prevention, individual and group therapy as well as family visitation services at its facility in Kissimmee, Florida. Youth and family referrals for CINS/FINS are received from Osceola County schools, parents/guardians, or local community youth service organizations during the agency's office hours Monday – Friday. Trained staff screen each referral for CINS/FINS eligibility, schedule intakes and will assist in accessing other appropriate services in the community.

According to the agency organization chart, CHS Osceola's CINS/FINS Program Supervisor is Janet Valdez. She oversees the program's two (2) full-time Counselor/Case Managers, who are responsible for ensuring appropriate assessments are completed for each intake, an individualized case/service plan is timely established and targeted services are provided until the goals of the plan are met. The program currently also has two (2) part-time counseling interns from the University of Central Florida, who assist the full-time counseling staff in providing these services.

CHS Osceola has an established written Children's Home Society of Florida Central Division CINS/FINS Policy and Procedures manual which conforms to the requirements set forth in the Florida Network of Youth and Family Services Policy & Procedure Manual and the Florida Department of Juvenile Justice Standards for CINS/FINS Prevention Programs. The Children's Home Society of Florida Statewide Directive supplements the agency's records management and storage requirements to conform to Florida Network standards.

Although no requests were received by the agency during the reporting period, CHS Osceola is set up to coordinate the statutorily-mandated Case Staffing Committee required to develop a treatment plan for habitually truant, ungovernable, locked out or runaway youth when requested by a parent or guardian or all other remedial services have been exhausted.

A total of seven (7) files were reviewed: three (3) were open, one had just closed two days before the review and three (3) had been closed at least thirty days. All of the files were consistently and neatly organized into sections labeled: Intake, Plans of Care, Clinical/Assessment, Progress Notes, Medical, Legal, Educational/Vocational, Community Mental Health, Correspondence Memos, and Miscellaneous. Each file also contained a checklist and external labeling indicating the name of the youth, the date of intake and prominently declared the contents as "Confidential."

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

For this indicator, the conforming written policies were found under Procedure Number: CHS/2.01 entitled "Screening and Eligibility for Intake," last updated July 7, 2016, and Procedure Number: CHS/2.02, entitled "Admission Process," last updated November 10, 2016; both of which have an effective date of July 1, 2011, and were approved by the agency's Executive Director.

CHS Osceola's procedure (CHS/2.01) states that it provides access to services 24 hours a day/365 days a year including screening for eligibility, crisis counseling as a short-term intervention, information, and referrals. Screenings by trained staff for eligibility into CINS/FINS must occur within seven (7) calendar days of a referral using the NetMIS screening form. The procedure requires the collection of specific demographic information and situational details. Upon determination of eligibility, the program's procedure (CHS/2.02) requires the youth/family to receive in writing (a) Available service options, (b) Rights and responsibilities, and (c) Parent brochure. Eligible youth and families are also to have the following information available: (a) Rights and responsibilities of youth, (b) Possible actions occurring as result of CINS/FINS involvement, and (c) Grievance procedures.

A total of seven (7) files were reviewed (3 open, 1 recently closed and 3 closed 30 days or more). All but one file documented completion of the screening within the required seven (7) calendar days. However, CHS Osceola clearly documented that an attempt to complete the screening was done within the 7-day time frame in the middle of the Christmas holiday break. Each file reviewed contained signatures of the youth and parent/guardian evidencing receipt of written information concerning: Available service options, Rights and Responsibilities of Youth and Parents, and Parent/Guardian brochure. Further evidence via a check off and receipt signature on a form in each of the seven (7) files verifies that the CINS/FINS handbook containing possible actions occurring through involvement in CINS/FINS and grievance procedures were provided to each youth/family.

No exceptions noted as of the date of the onsite QI visit.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policy and Procedures for this indicator, CHS/2.04 entitled "Needs Assessment," with an effective date of July 1, 2011, last updated December 5, 2016, and approved by the Executive Director.

CHS Osceola's procedure (CHS/2.04) provides that each youth shall have a Needs Assessment completed that will be initiated during the first face-to-face contact and completed within three contacts following the initial intake and will be updated if over 6 months old. The procedure requires the Needs Assessment to be in writing and completed by a Bachelors or Masters level staff member and signed by a supervisor upon completion to evidence supervisory review. The procedure also requires that a youth identified as having suicide risk factors during the Needs Assessment be referred for assessment of suicide risk by a or under the direct supervision of a licensed mental health professional.

All seven (7) files reviewed contained Needs Assessments completed entirely at intake by a Bachelor's level staff member. Each Needs Assessment was signed by the Program Supervisor after completion. None of the seven files contained a referral for an Assessment of Suicide Risk at the creation of the Needs Assessment. However, reviewer noted that one youth was later referred for such an assessment after presenting with suicidal risk factors during a scheduled counseling session and that the Case/Service Plan was then updated to reflect that additional services were necessary.

No exceptions noted as of the date of the onsite QI visit.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policy and Procedures for this indicator, CHS/ 3.02 entitled "Case/Service Plan," with an effective date of July 1, 2011, last updated December 5, 2016, and approved by the Executive Director.

The Program's Case/Service Plan procedure (CHS/3.02) requires that a Case or Service Plan be developed for every youth admitted. It also requires the Case/Service Plan to be in writing and developed with the youth and parents to identify needs, measurable goals and outcomes, proposed actions and time frames for completion of actions. CHS Osceola has its CINS/FINS counselor/case manager develop the Case/Service Plan with the youth/family within seven (7) working days following completion of the Needs Assessment and indicates that it should include: specific needs identified in the assessment; priority of needs; goals with measurable objectives; types of services or treatment; frequency of services or treatment; location of service provision; person(s) responsible, realistic time frames and target dates for completion; actual completion dates; signature of the youth, parent/guardian, counselor and supervisor; and the date the plan was initiated. Documentation for any deviation from these standards, including lack of parent/guardian availability, is required to be made in the youth's record and the Case/Service Plan will be reviewed by the Counselor/Case Manager and the child's parent/guardian every 30 days for the first 3 months of services and every 6 months thereafter for progress toward meeting goals, need for revision and progress toward successful completion.

All seven (7) of the files reviewed contained a Case/Service Plan prepared within seven (7) working days following completion of the youth's Needs Assessment. Each Case/Service Plan reviewed contained the required individualization and prioritization of needs and goals identified by the corresponding Needs Assessment. All seven (7) of the files had service type, frequency, location, target completion date and person(s) responsible, as well as the date the plan was initiated and signatures of the youth, parent/guardian, Counselor/Case Manager and Supervisor. The Case/Service Plans in each of the 4 (four) closed files contained actual completion dates or written explanations and/or documentation to support the basis for non-completion and one open file contained documentation of completion of one goal that was not dated; however, the Progress Notes in that file clearly documented the completion date. Each of the seven (7) files also contained 30 day reviews signed by the Counselor and parent/guardian.

No exceptions noted as of the date of the onsite QI visit.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policy and Procedures for this indicator, CHS/2.01 entitled "Screening and Eligibility for Intake," effective July 1, 2011 and last updated July 7, 2016; Procedure Number: CHS/3.03, entitled "Case Management Services," effective July 1, 2011 and last updated December 5, 2016, and Procedure Number: CHS/3.07, entitled "Case Termination," effective July 1, 2014, and last updated December 5, 2016, all of which were approved by the agency's Executive Director.

CHS Osceola's Screening and Eligibility for Intake policy (CHS/2.01) establishes in writing that once the screening and intake is completed the case is assigned to the Counselor/Case Manager. The Program's Case Management Services policy (CHS/3.03) states that the program will provide case management services to youth and their families with a coordination of services that utilizes appropriate resources for children and families in need. The Program's Case Termination policy (CHS/3.07) outlines the method for effectively communicating and facilitating the closure of services and specifically requires data entry staff to complete a 30 day and 60 day follow-up call and/or letter to the family to assess the youth's stability and need for further services.

The procedures outlined by the Program is that service coordination (which includes information gathering, supportive linking, advocating, coordination and monitoring of services, case reviews and terminations, and appropriate external referrals) will be accomplished by assignment of a counselor/case manager to each youth to ensure delivery of services directly or through referral.

The assigned counselor is responsible for ensuring service plans are signed by the youth and family to evidence their engagement in the process and for documenting all contacts or attempts at such in the progress notes. Furthermore, the assigned counselor is responsible for the process of case management (which includes establishing referral needs and coordinating referrals to services based on continued assessment of problems and needs, coordinating service plan implementation, monitoring and documenting progress, providing support for families, monitoring out of home placements, referrals to case staffing committee, as needed, and recommending/pursuing judicial intervention, if needed).

The assigned counselor may close a case when: the Service Plan is completed, the youth and/or family no longer meet the eligible definition of CINS/FINS, the youth and family refuse to participate or withdraw their request for services, transfer to more appropriate services, court orders, or documentation establishing that a good faith effort at locating the family has been performed (three (3) or more times). Upon closure, the counselor/case manager assigned is responsible for completing a discharge summary containing: the reason for termination, brief summary of events in the case with findings and recommendations for future treatment or services, a summary of services provided, progress of the child and family during services, the location or living arrangements of the child and any reasons for an alternative placement away from family, and recommendations for aftercare services. Furthermore, data entry staff must complete a 30 and 60 day follow up call and/or letter to assess the youth's stability and need for further services.

According to CHS Osceola's CINS/FINS Program Supervisor, there is an internal procedure used to determine which Counselor/Case Manager is assigned to new intakes based on the day of the week the intake occurred. This primary Counselor/Case Manager is required to follow the youth's case and ensure delivery of services directly or through external referral(s). A primary Counselor/Case Manager was clearly identified in each of the seven (7) youth files reviewed (3 open, 1 closed recently, 3 closed more than 30 days ago). Evidence of the Counselor/Case Manager's coordination of the service plan implementation was evident in each of the files reviewed and the Counselor/Case Manager's progress notes established consistent monitoring of the youth/family in services. Each file revealed families were provided with assistance and support throughout the CINS/FINS process. Only one file contained a copy of a referral and evidenced the coordination of those referral services by the assigned counselor. There were no case staffings to review. Evidence of the 30 day and 60 day follow-up calls for all three of the files closed in excess of 30 days was located in separate binders (not in each youth's case file).

No exceptions noted as of the date of the onsite QI visit.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policy and Procedures for this indicator, CHS/3.01 entitled "Non-Residential Counseling Services," with an effective date of July 1, 2011, last updated December 5, 2016, and approved by the Executive Director.

CHS Osceola's Non-Residential Counseling Services' Policy (CHS/3.01), establishes that youth and families receive counseling services, in accordance with the youth's service plan, to address needs identified during the assessment process. The Provider's Counselor/Case Managers provide therapeutic community-based services intended to intervene and stabilize the family in the event of crisis, keep families

intact, minimize out of home placement, provide aftercare services for youth returning home from shelter services, and prevent involvement of youth and families in the delinquency and dependency systems. The Program provides these counseling services in the youth's home, a community site or at the Provider's offices. CHS Osceola, as a non-residential CINS/FINS program, requires that youth case files reflect coordination between presenting problems, the youth's Needs Assessment, Service Plan, Service Plan reviews, case management services and follow-ups. The Program maintains individual case files on all clients and adheres to all laws regarding confidentiality and the Counselor/Case Managers maintain chronological case notes in the files to document the youth's progress. The Program adheres to an on-going internal clinical review process of case records, youth management and staff performance with regard to its provision of CINS/FINS.

A review of a total of seven (7) youth files was performed (three (3) open, one (1) recently closed and three (3) files that have been closed for at least 30 days). Each individual file reviewed was consistently structured and maintained in large red letters the word "Confidential." Evidence of individual, group and family counseling sessions, corresponding to identified needs/problems, is appropriately and chronologically documented in the form of written Progress Notes, which support dated notations of services provided on each Case/Service Plan. Progress and targeted goals were kept up-to-date and, by evidence of signatures, the files are clearly subject to an on-going internal clinical review process to ensure staff performance. Although not maintained within the individual youth files, the 30 and 60 day follow-ups for the three (3) youth files closed were documented in separate binders.

No exceptions noted as of the date of the onsite QI visit.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policy and Procedures for this indicator, CHS/3.05 entitled "Adjudication Services and CINS Petition Process," with an effective date of January 27, 2007, last updated December 5, 2016, and approved by the Executive Director.

CHS Osceola's Adjudication Services and CINS Petition Process policy (CHS/3.05) requires that a Case Staffing committee meeting to review cases identified as in need of services or treatment that cannot be resolved by the CINS/FINS program. The adjudication process initiates only upon the occurrence of: family/child not participating in services, or family/youth not in agreement with the services or treatment offered, or the CINS/FINS program receives a written request from a parent/guardian or any other member of the committee. The Committee, which must convene within seven (7) work days after receipt of a written request from a parent or guardian, must include a representative from the youth's school district and a representative from the contracted CINS/FINS provider and may include others as deemed necessary (such as representatives from the areas of health, mental health, social services and substance abuse, Department of Juvenile Justice, a representative from the State Attorney's Office, an alternative sanctions coordinator, the youth, the parent/guardian, and any person recommended by the youth, family or department. The youth and family are notified of the scheduled Case Staffing at least (5) working days prior and the result of a Case Staffing Committee is to be a written report to the youth's parent/guardian within seven (7) days afterward outlining the committee's recommendations and reasoning. The committee is to provide a new or revised plan for services addressing the problems and needs of the child, needs of the parent/guardian, measurable objectives that address the identified problems and needs and services and treatments to be provided including: types of services or treatment, frequency of services or treatment, location, accountable service providers or staff, and time frames for achieving objectives.

This reviewer was unable to evaluate implementation of CHS Osceola's Adjudication Services and CINS Petition Process policy as no requests or cases have met the criteria for initiating the process since the last QI review in June 2017. CHS Osceola's CINS/FINS Supervisor, Janet Valdez, advised that the school districts generally "take the lead" on addressing truancy issues and makes appropriate referrals to CHS Osceola when a youth meets eligibility for the CINS/FINS program.

No exceptions noted as of the date of the onsite QI visit.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

CHS Osceola has an established Policies and Procedures for this indicator: CHS/2.02, entitled "Admission Process," effective July 1, 2001, last updated November 10, 2016 and approved by the agency's Executive Director; CHS/3.01 entitled "Non-Residential Counseling Services," with an effective date of July 1, 2011, last updated December 5, 2016, and approved by the Executive Director; and CHS/2001 entitled "Consumer Records Management," effective October 7, 2004, last updated December 14, 2017, and approved by the agency's CEO/Management Team.

CHS' policy on confidentiality is the guiding principle and only authorized persons representing approved entities with a commitment to protection of confidential information are permitted access, e.g., licensing, auditing, contract monitoring and accrediting personnel. Peer Record Reviews and Utilization Reviews have strict confidentiality requirements that are defined in the CHS Quality Management Plan. Only authorized participants in the review process may have access to the case records.

All records are kept in locked cabinets in a secure area; computer back-up is maintained off premises. Whether case records are maintained electronically or in paper form, they are protected from destruction, loss or other damage, and from unauthorized access.

Controls exist so that records can be located at any time. Each Division/Program maintains a log for signing out paper records with name and signature of the authorized person and date that is placed in the file cabinet where the record should be filed. Computerized record-keeping is maintained in such a manner as to prevent loss of files, misplacement, or access by unauthorized parties.

All seven of the youth files reviewed were neatly organized into sections labeled: Intake, Plans of Care, Clinical/Assessment, Progress Notes, Medical, Legal, Educational/Vocational, Community Mental Health, Correspondence Memos, and Miscellaneous. To ensure staff can quickly and easily access information, each file also contained an index/checklist in the front and had an external label indicating the name of the youth, the date of intake and prominently declared the contents as "Confidential" in red ink.

Program staff provided a tour of the counselor office where the youth record files are neatly stored in locked file cabinets. According to the Program Supervisor, the office is locked at night. Keys to the office and file cabinets are accessible to Program staff and an opaque, locked container marked "Confidential" is used to transport youth files off site and only authorized staff have access to the key for that.

No exceptions noted as of the date of the onsite QI visit.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Shelter Environment

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.02 Program Orientation

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.04 Log Books

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

[Rating Narrative](#)

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Standard 4: Mental Health/Health Services

Overview

[Rating Narrative](#)

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.02 Suicide Prevention

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.03 Medications

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

[Rating Narrative](#)

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

[Rating Narrative](#)