



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of CHS Osceola

on 02/25/2019

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity/Expression	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

Percent of indicators rated Satisfactory:92.86%
Percent of indicators rated Limited:0.00%
Percent of indicators rated Failed:0.00%

Rating Definitions

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

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

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Teresa Andersen, QI Monitor, Florida Department of Juvenile Justice

Theresia Jackson, Clinical Supervisor, Arnette House

Persons Interviewed

- Chief Executive Officer
- Chief Financial Officer
- Program Coordinator
- Direct-Care On- Call
- Clinical Director
- Case Manager
- Nurse

0 Case Managers
1 Program Supervisors
0 Health Care Staff

- Executive Director
- Program Director
- Direct- Care Full time
- Volunteer
- Counselor Licensed
- Advocate

0 Maintenance Personnel
0 Food Service Personnel

- Chief Operating Officer
- Program Manager
- Direct-Care Part Time
- Intern
- Counselor Non- Licensed
- Human Resources

2 Clinical Staff
1 Other

Documents Reviewed

- Accreditation Reports
- Affidavit of Good Moral Character
- CCC Reports
- Logbooks
- Continuity of Operation Plan
- Contract Monitoring Reports
- Contract Scope of Services
- Egress Plans
- Fire Inspection Report
- Exposure Control Plan

- Fire Prevention Plan
- Grievance Process/Records
- Key Control Log
- Fire Drill Log
- Medical and Mental Health Alerts
- Table of Organization
- Precautionary Observation Logs
- Program Schedules
- Telephone Logs
- Supplemental Contracts

- Vehicle Inspection Reports
- Visitation Logs
- Youth Handbook
- 0 # Health Records
- 0 # MH/SA Records
- 4 # Personnel Records
- 6 # Training Records
- 4 # Youth Records (Closed)
- 2 # Youth Records (Open)
- 0 # Other

Surveys

Youth Direct Care Staff

Observations During Review

- Intake
- Program Activities
- Recreation
- Searches
- Security Video Tapes
- Social Skill Modeling by Staff
- Medication Administration

- Posting of Abuse Hotline
- Tool Inventory and Storage
- Toxic Item Inventory and Storage
- Discharge
- Treatment Team Meetings
- Youth Movement and Counts
- Staff Interactions with Youth

- Staff Supervision of Youth
- Facility and Grounds
- First Aid Kit(s)
- Group
- Meals

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. Over the past year, the agency has re-branded with new logo/colors, updated website, and a new mission statement and earned a national award as a result of rebranding. The corporate office (Home Office) is now located at in 5768 South Semoran Blvd., Orlando, Florida.

Since the last onsite visit, the program has undergone a few staffing changes. The CINS/FINS program is currently under the leadership of Jennifer Patterson, Director of Program Operations (DPO) whose responsibility is for the child welfare program for Brevard and Orange Counties. During the visit, the review team was informed that the current CINS/FINS Supervisor, Janet Valdez, is vacating her position. Other staff changes include the recent resignation of the Administrative Assistant and hiring of a new counselor.

The agency operates multiple programs at the Michigan Avenue location and is the site for its Head Start and Case Management programs. The visitation program was previously housed in the building but, due to expansion, moved to downtown Kissimmee.

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 agency staff; conference room; bathrooms; staff offices; vacated visitation rooms; and a staff kitchenette. Adequate spacing in the building 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 serves as a source of support for all youth as they navigate grief and heal from loss, whether from death, divorce, deployment, or other trauma.

CHS offers 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 healthy 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 fulltime Counselor II positions, 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. One new staff was hired during the past year and there were three 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 was a vacancy in the program for an Administrative Assistant/Data Specialist.

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 CHS/7101 applies to background screening and Annual Affidavit of Compliance with Level 2 Screening Standards. The policy was effective January 23, 2002, and last approved by the Director of Program Operations on January 21, 2019.

The program policy requires all employees, contracted providers, mentors, interns, and volunteers of Children's Home Society of Florida (CHS) to complete a Level 2 background screening as a condition of employment/service. Background screening shall include, but not be limited to, good moral character documentation, employment screening, employment history checks, criminal history check through the Department of Juvenile Justice (DJJ), local criminal records checks through local law enforcement agencies, abuse registry checks, and juvenile record checks. Additionally, CHS conducts a motor vehicle check prior to hiring an employee and a review is conducted yearly. In January each year, HR reviews personnel files to determine employees subject to fifth year screening and initiate the pre-screening process in the applicable month. Every January the agency will complete the Annual Affidavit of Compliance with Level 2 Screening Standards before January 31st.

The program had one new program staff hired since the last QI visit on March 9, 2018. In addition, there were three interns who were providing volunteer service at the program during the review period. The one new hire had an eligible Department of Juvenile Justice background screening result through the Clearinghouse completed prior to hiring. Similarly, the three program interns were screened through the Clearinghouse and eligible background screenings were obtained prior to volunteer 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 29, 2019 and provided stamped evidence of receipt by the Department.

The agency has a pre-employment assessment (to determine suitability) for direct-care positions and uses the SkillSurvey Reference standardized online tool. SkillSurvey rates candidates on job-specific behaviors that are grouped into competency clusters such as professionalism, interpersonal skills, problem-solving/adaptability, personal value commitment, alignment with patient satisfaction. The tool is administered prior to hire and allows for the provider to determine a rating of suitability based on exceeding an average score measured from the responses to various skills based questions posed to references. The tool was verified to be utilized with the one new hire and a SkillSurvey Reference Feedback Report is maintained in the HR file for each staff.

There were no exceptions to this indicator.

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.

New staff sign an acknowledgment form acknowledging they receive the employee handbook, indicating they agree to abide by all program policies. The employee handbook contains the rules of conduct, which prohibits use of corporal punishment or other inappropriate behavior control; client neglect, abuse, or taking advantage of a client or their family member, including failure to report suspected neglect or abuse of client. The program has a grievance process in place which allows a youth or parent to file a grievance by reporting any issues or concerns to their counselor who then will report it to the program coordinator immediately. The program coordinator will address any grievances with the parent or youth.

The program has one new staff member and three interns applicable to the indicator. The new staff member's management file contained an Acknowledgment of Receipt of Team Member Handbook, which was signed by the staff member. By acknowledging receipt of the handbook, the staff member agrees to abide by the policies and procedures of the program and to maintain the Team Member handbook for guidance and reference.

Of the three interns, all management files contained an Acknowledgment of Receipt of Volunteer/Intern Handbook signed by each intern. The acknowledgement form indicates the intern is responsible for the information contained in the handbook. The handbook indicates CHS reserves the right to discipline or discharge an employee and to remove a volunteer/intern from the program for improper conduct, or who conducts the use of corporal punishment or other inappropriate behavior control or client neglect or abuse, including failure to report neglect or abuse of client.

In addition, each intern management file contained a Child Abuse and Neglect Reporting Information Packet Statement of Receipt. This packet includes Chapter 39 of the Florida Statute and the Florida Abuse Hotline phone number. The Florida Abuse Hotline and Central Communications Center phone numbers were observed and posted throughout the facility.

All three staff, the program coordinator and both counselors, received one hour of training in Child Abuse: Recognition, Reporting and Prevention in 2018.

The program has not had any reportable abuse calls which were reported to the Florida Abuse Hotline or to the Central Communications Center. The program maintains a binder containing a current log of any incidents. The staff have called the Florida Abuse Hotline when they have become aware of any suspected incidents of abuse or neglect involving the parent/guardian involving the youth; therefore, validating the staff are knowledgeable of the practice.

The program did not have any grievances filed during the last six months. The parent and youth are provided with the client appeal process, which provides them with the appeal/grievance process and contact information for the program coordinator.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

Satisfactory
 Limited
 Failed

Rating Narrative

The 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 incident which should have been but was not reported to the CCC.

There were no exceptions noted for this indicator.

1.04 Training Requirements

Satisfactory
 Limited
 Failed

Rating Narrative

The Training Requirements policy 5, effective date 07/01/2011, was approved by Tara Hormell, Executive Director and updated 06/12/2017.

The program's procedure indicates staff working in direct contact with youth receive a minimum of 80 hours of training during their first full year of employment and 40 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.

The program had one staff applicable for new hire training. The staff member, a counselor II, was hired December 3, 2018; therefore, 120 days from this date is April 2, 2019. The new hire has completed all of the required training which was to be completed within 120 days. In addition, the new hire completed all additional training hours which should be completed within the first year of hire. The new hire completed a total of 57.75 hours of training plus 41 hours of orientation, for a total of 98.75 hours.

The program had two staff applicable for in-service training. One staff, the program coordinator completed all required training for the year, with the exception of Suicide Prevention Part 2 in SkillPro for the timeframe reviewed - July 1, 2017-June 30, 2018. She did complete 3 hours of suicide prevention (general) training during this time period and completed a total of 69 hours. The program coordinator did complete three hours of the Florida Network Suicide Prevention (general) training. The second staff, a counselor II, completed all required training for the year, for a total of 57.5 hours.

There were no exceptions noted for this indicator.

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 program's procedures describe how they analyze and report information to identify patterns and trends. The program's policy for incident reporting requires all staff complies with all policies on incident reporting. The program's policy for risk management is to prevent and minimize risk of accidents, injuries and exposure to hazardous materials to staff and youth.

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 Manager participates on the safety committee and maintains a safety binder. 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). 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.

Monthly reviews of Netmis data sent by the Florida Network 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.

The program completes quarterly case record reviews. The Compliance Manager is on-site with the Program Coordinator to conduct these reviews. This data is collected, documented and submitted to CHS management for review. This information is collected and then recorded on the Program Performance Report (PPR), which includes case load report, referral screening report, assessment report, outreach services and outcomes; and is reported monthly. A review of the last six months validated quarterly case record reviews and program outcomes were completed. The PRR was completed monthly for the last six months.

All incidents are entered into CHS's internal system (AirsWEB), which collects data of all incidents, accidents and grievances. This information is collected as such instances occur. Safety Committee conference calls are held monthly to review this data collected to address any concerns and/or trends. A review of meeting minutes validated these meetings occurred each month for the last six months. A review of the Administrative Facility Inspector Checklist, which is completed monthly by the program coordinator, was reviewed for the last six months. Fire drills for the last six months were completed by the program. This information was documented and submitted during the Safety Committee meetings.

The administrative assistant entered all data into NETMIS and printed a monthly report to ensure all data was captured. The administrative assistant is no longer on site as of February 15, 2019; therefore, the counselors are now entering in the data into NETMIS.

The program coordinator holds monthly staff meetings and addresses any incidents, accidents, grievances, safety issues, record reviews, audits, peer reviews, advisory board meetings, Children's Cabinet meetings, Osceola County School Agency meetings, outreach, success stories, trainings, CINS/FINS goals, data collection and entry, and supervision.

There were no exceptions for this indicator.

1.06 Client Transportation

Satisfactory Limited Failed

Rating Narrative

This indicator is not applicable for non-residential programs.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

The program has a policy indicating outreach services are conducted to increase public awareness of the needs of troubled youth at-risk of running away, being habitually truant or being beyond control of their parent/guardian. 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's procedures indicate the program participates in each local county council and the DJJ circuit 9 Advisory Board meetings, conducts presentations in schools, community agencies, events, fairs, law enforcement and businesses, as well as disseminate printed materials informing the community of CINS/FINS services. In addition, the program will provide presentations to any organization that wishes to know more about the services CINS/FINS provides. The program maintains written agreements with other community partners that include services provided and a comprehensive referral process. High crime areas are identified by the number of crimes by zip code of residence and are compiled by law enforcement, Florida Department of Law enforcement as well as the Twentieth Century Report. 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 has multiple interagency agreements which include local agencies that provide mental health services, support services, education, and substance abuse services. The program has written interagency agreements with Park Place Behavioral Health Care, Beltran Behavioral Health Services, ADAPT, Behavioral Support Services, Expanding Horizons, Psychological Affiliates, Osceola County School Board, Orange County Youth Shelter, Boys Town Central Florida Inc., Access Florida, Impower Inc., ASPIRE, ACCESS Florida, Caribbean Community Connections, Devereux Outpatient, and the Community Hope Center. The program maintains a binder containing all of the interagency agreements.

A review of the program's outreach binder validated the program participated in a back to school bash (August 2018), a resource fair (September 2018), a healthy living expo (September 2018), provided information to multiple agencies (August 2018-February 2019), School District of Osceola County meeting (August 2018), SEDNET meeting (January 2019), and Osceola Children's Cabinet Meeting (August 2018)

and January 2019).

The program developed a plan to visit each of the targeted schools and has completed visits for over half of the schools on their plan during the months of August 2018 – February 2019. While visiting the targeted schools, the program provided written materials about their program and discussed the services they offer with education staff.

The program participated in the September 2018 and January 2019 Juvenile Justice Circuit Advisory Board meetings. The July 2018 meeting was cancelled, and the program was not able to provide any documentation to support they attended the November 2018 meeting. The program did reach out to an advisory board member requesting the documentation while we were on site. The advisory board provided the sign-in roster, validating the program coordinator did attend the September 2018 meeting.

There were no exceptions for this indicator.

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 screens each referral for CINS/FINS eligibility, schedules intakes, and assists youth and family in accessing other appropriate services in the community.

According to the agency organization chart, CHS Osceola's CINS/FINS program is supervised by a Program Supervisor who 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 three counseling interns 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.

The agency is transitioning to a paperless system. The CINS/FINS records are not yet electronic but will be in the near future.

A total of six (6) files were reviewed: four (4) were open and two (2) were closed. 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

CHS/2.01 entitled "Screening and Eligibility for Intake," which has an effective date of 7/01/2011 and was last updated 07/07/2016, and Procedure Number: CHS/2.02, entitled "Admission Process," an effective date of 7/01/2011 and was last updated on 11/10/2016. Both policies have been 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. Childrens Home Society offers access to services 24 hours a day, 365 days a year. A screening is initiated within (7) calendar days of the youth/family being referred to CINS/FINS services, by a trained staff utilizing the NETMIS screening form. to determine the eligibility of services and service needs, presenting problems and referrals to other programs.

A total of (2) open and (4) closed files were reviewed that have been open/closed within the last 6 months. In the (2) open and (4) closed files reviewed, the screening form also documented who referred the youth, school information, presenting problems, immediate needs of the client and the eligibility service requirements documented on a Florida Network Netmis approved screening intake form. Each file had an initial screening documenting the name of youth, person completing the referral, date of referral and length of contact, as well as the type of contact (i.e. face to face, telephone, school referral). The location of where the referral was completed was also documented. The youths Netmis identification number was documented and all demographic information (gender, race, age and DOB) were documented. All screenings were completed within (7) days of being referred. There is also documentation listed on the screening form under the action taken subtitle that identifies an external agency referral process. All screenings had a reviewing process identified by the signatures of the Non-Residential Supervisor, Designee and/or assigned case manager. The family/client acknowledgment form of receiving the parent/client brochure, available service options, rights and responsibilities, and other materials were present in all (6) files, observed on a purple sheet of paper that was signed by the client/parent/guardian and witness. In all (6) files reviewed, each file had the following present: NETMIS screening form, consents for services signed and dated by the child, parent/guardian, and witness, risk factor form and suicide risk screening.

There were no exceptions to this indicator

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) states that each youth shall have a Needs Assessment completed that will be initiated during the first face-to-face contact (residential) and completed within two to three contacts (non-residential) following the initial intake and will be updated if over 6 months old. The needs assessment will be completed by a Bachelor's or Master's level counselor and identifies the primary counselor/case manager. When a youth is identified as having suicide risk factors during the needs assessment, the youth shall be referred for an assessment of suicide risk conducted under the direct supervision of a licensed mental health professional.

For this indicator a total of (2) open and (4) closed counseling and case management files were reviewed that have been open/closed within the last 6 months. The needs assessment was present in all (6) files. The needs assessment was completed by a Bachelor's or Master's level counselor and identifies the primary counselor/case manager. All (6) files reviewed had a needs assessment intake form completed and present in each file and were completed within three face to face contacts. Although the files reviewed had no indicator for a suicide risk, there is a suicide risk screening and response procedure in place. The procedure in place is the use of the needs assessment and intake screening form that identifies the youth's level of risk using the six risk questions that were documented on a yellow intake form. The intake form was completed by a licensed mental health professional, or non-licensed professional working under the direct supervision of a licensed mental health professional. To explain the process of the suicide risk a staff was interviewed. Upon the indication of there being a "yes" response on the CINS/FINS intake form, a procedure is in place. This procedure is as follows, if the counselor/case manager is in the field such as the school, the child is referred to the school's guidance counselor. If the child is out in the community, staff informed this interviewer that they are to call 911. In addition, there is a referral acknowledgement form identified as a pink form in the file that refers the child to more extensive services. This form has a place for signatures for the parent/guardian, child and a place for a witness. This form also has a no harm agreement for both the child and witness to sign.

There are no exceptions for this indicator.

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.

A case or service plan will be developed for every youth admitted to the CHS CINS/FINS program. The case or service plan will consist of a written document developed with the youth and parent/guardian that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions. The CINS/FINS counselor/case manager will develop the service plan in conjunction with the youth/family within (7) working days after the completion of the Needs Assessment. The service plan needs to address specific needs of the client, priority of needs, goals and measurable objectives, type and frequency of treatment location, and designated responsible parties. The actual completion dates will be documented in closed cases. The procedure states that the service plan will be signed by child, parent/guardian and witness. In the place where the parents are not available for signatures, this will be documented in the service plan and progress notes.

For this indicator a total of (2) open and (4) closed counseling and case management files were reviewed that have been open/closed within the last 6 months. The service plan was present in all (6) files and could be located under the plans of care section. The service/case plans reviewed had an identified need and goal, the type of services being received, frequency and location as well as the dates the services were initiated. Of the (3) closed files reviewed, all files had a completion date. All files were signed and completed by the child, parent/guardian and counselor/case manager. The case plans had review dates that were reviewed every (30) days and signed by all previous parties identified. CHS/3.02 also has a procedure in place if the child or parent/guardian are not available for signatures. This procedure states that the inability to retrieve signatures will be documented in the service plan and in the youth's progress notes.

There are no exceptions noted for this indicator.

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. CHS policy outlines that an initial screening is conducted to determine the child's eligibility for services. CHS/2.01 presents in writing that the counselor will document the clients basic demographic information on the Florida Network NetMis approved intake screening form. This policy states that crisis counseling will be provided as needed. If the client is not eligible for services, there is a procedure in place. This procedure CHS/2/01 states that if the family is not eligible for services, the family is provided with information to external resources and referrals. CHS outlines in the procedure 2.01 that once the screening is completed the case is assigned to a 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.

A primary Counselor/Case Manager was clearly identified in each of the six (6) youth files reviewed. 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 exceptions for this indicator.

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 procedures states that non-residential counselors will provide therapeutic community based services designed to provide the interventions necessary to stabilize the family in the event of crisis, keep families intact, minimize out of home placement, provide aftercare services for youth returning home from the shelter services, and prevent the involvement of youth and families in the delinquency systems. Services are to be provided in the youths home, community location, or CHS offices.

A total of (6) counseling files were reviewed (4) open and (2) closed. Of the files reviewed (3) participated in group; (1) of these cases was closed. The files where the clients participated in group each had a group counseling file checklist presented in each chart. Each of the (3) files where the client participated in group also had a group log that identifies the group topic and the group facilitators. This writer interviewed staff who explained the process of demonstrating client opportunity to participate in individual and group counseling. Client participation and correspondence is documented in the case reviews that are conducted every 30 days, as well as in the progress notes which are done weekly, or PRN. In addition, client activities and worksheets are kept in a separate file which is secured in the client records.

There are no exceptions for this indicator.

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 June 30, 2011 and approved by the Executive Director.

The agency has a procedure in place that states where documentation shows that reasonable and appropriate efforts have been unsuccessful in resolving the problem, a case staffing committee will met to review the case and attempt to obtain a solution. The procedure is as follows, where documentation demonstrates the necessity of the CINS petition/adjudication process, a case staffing committee will be scheduled if the family/child will not participate in selected services, the family/youth is not in agreement with selected services and/or the CINS/FINS program receives a written request from the parent/guardian or program committee requesting the CINS petition process of adjudication services. The

procedure outlines the identified personnel on the committee (school representatives, CINS/FINs contract provider, parent/guardian, mental health and others recommended by youth, family and department).

The program does not have any applicable cases that were initiated through the CINS petition process or adjudicated services. However, the agency does have a policy/procedure in place that outlines the CINS adjudication process. The policy outlines the duration of which a case staffing request must be convened which is within (7) days of the written request. The policy outlines the committee process such as location of the meeting, process of notifying the family and all attendees which was documented as within five working days. The policy also explains the conceptualization of a case staffing recommendations and a revised plan. The policy outlines that these recommendations will be provided in writing to the parent/guardian within (7) days of the case staffing meeting.

No exceptions for this indicator

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

For this indicator, the conforming written policies were found in several locations. Creation of youth records is found under Procedure Number: CHS/2.02, entitled "Admission Process," effective July 1, 2001, last updated November 10, 2016 and approved by the agency's Executive Director. Compliance with confidentiality laws and assuring that staff can quickly and easily access information as required by this standard is most readily found under Procedure Number: 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. Finally, the conforming written policy for meeting this standard's requirement for storage in a secure room and/or locked cabinet accessible to program staff was found under the Children's Home Society of Florida Statewide Directive Number: 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. 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.

A total of (6) files were reviewed, (2) were open and (4) were closed. All 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 were noted for this indicator.

2.08 Sexual Orientation, Gender Identity/Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency implemented Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) policy CHS/7210 effective 7/1/18 to ensure that all youth are provided a safe environment and therapeutic case planning regardless of the youth's actual or perceived sexual orientation, gender identity, or gender expression.

Per the agency's procedures:

1. Youth will be addressed by their preferred name and gender pronouns.
2. Youth's preferred name and gender pronouns are utilized in the logbook and all public-facing documents and census boards.
3. Staff, service providers and volunteers have knowledge of the Florida Network policy 5.08 and the terms therein
4. Youth in need of specialized support are referred to qualified resources if assistance is required in doing so, the agency will ask for assistance

from the Florida Network

5. Youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression. All room assignment decisions will be made on a case-by-case basis taking into consideration safety and security of all youth in the shelter.
6. Youth preference is considered and documented for room assignment.
7. Youth will be provided hygiene products, undergarments, and clothing will be provided that affirms the youth's gender identity/expression.
8. The program will have signage placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression
9. Staff is prohibited from discussing youth's sexual orientation, gender identity, or gender expression with other youth in services without the documented consent from the youth.
10. All staff, service providers, and volunteers:
 - A) Are prohibited from engaging in any form of discrimination or harassment of youth based upon their actual or perceived sexual orientation, gender identity, or gender expression
 - B) Are prohibited from attempting to change a youth's sexual orientation, gender identity, or gender expression, including, but not limited to referrals for conversion therapy, or other similar interventions
 - C) Who have contact with youth will be aware of the terms utilized with this policy
11. Harassment, verbal abuse, or intimidation by staff towards any youth based on the youth's sexual orientation, gender identity, or gender expression must be reported the DCF Abuse Hotline. 1-800 96 ABUSE (1-800-962-2873)

During a tour of the facility, LGBTQ posters were posted in the counseling room as well as staff office common area; no signage was observed in the lobby but was posted during the onsite visit. However, the publication "I Provide Safety Support and Respect" booklet was accessible in the lobby, counseling office and staff office area, indicating that all youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression. The program also has brochures from the National Runaway Safeline available in English and Spanish entitled "Being Out, Being Safe" to provide education and information about LGBTQ.

There were no exceptions to this indicator.

Standard 3: Shelter Care

Overview

Rating Narrative

CHS Osceola is a non-residential program that provides services to special populations who meet the criteria for Domestic Minor Sex Trafficking (DMST) and Family/Youth Respite Aftercare Services (FYRAC). DMST services are designed to serve domestic minor sex trafficking youth approved by the FN who may exhibit behaviors which require additional supervision for the safety of the youth or the program. Youth who receive FYRAC services may be referred following a residential shelter stay, an arrest, or from DJJ for a DV arrest or Probation officer for youth on probation. All FYRAC referrals must have prior approval from the Network Office.

3.01 Shelter Environment

Satisfactory
 Limited
 Failed

Rating Narrative

3.02 Program Orientation

Satisfactory
 Limited
 Failed

Rating Narrative

3.03 Youth Room Assignment

Satisfactory
 Limited
 Failed

Rating Narrative

3.04 Log Books

Satisfactory
 Limited
 Failed

Rating Narrative

3.05 Behavior Management Strategies

Satisfactory
 Limited
 Failed

Rating Narrative

3.06 Staffing and Youth Supervision

Satisfactory
 Limited
 Failed

Rating Narrative

3.07 Special Populations

Satisfactory
 Limited
 Failed

Rating Narrative

The program has written policies and procedures CHS/3.06 for services to domestic minor sex trafficking population DMST. Upon initial review, the policy was not updated to include services to Family/Youth Respite Aftercare Service (FYRAC) population but was revised onsite. The revised policy was approved by the Executive Director on 2/25/19.

The program provides services to special populations who meet the criteria for DMST and Family/Youth Respite Aftercare Services (FYRAC).

DMST services are designed to serve domestic minor sex trafficking youth approved by the FN who may exhibit behaviors that require additional supervision for the safety of the youth or the program. All requests may be approved for a maximum of 7 days but approval beyond 7 days may be obtained on a case by case basis. The program will use the Human Trafficking (HT) Screening tool as a secondary tool if the Needs Assessment reveals the youth is at risk for Human Trafficking victimization. The Abuse Hotline is called if the result of the screening indicates the youth is likely or definitely an HT victim. Staff assigned to youth under this provision are to enhance the regular services available through direct engagement with the youth in positive activities designed to encourage the youth to remain in shelter. During the initial period of acclimation to the shelter environment, these youth may require consideration of alternative schedules, off-site activities or adherence to the behavior management program.

Youth who receive FYRAC services may be referred following a residential shelter stay, an arrest, or from DJJ for a DV arrest or Probation officer for youth on probation. All FYRAC referrals must have prior approval from the Network Office. Youth and family may participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, unless an extension is granted by DJJ circuit Probation staff. All intake and case files must adhere to Florida Network policies: 2.01, 3.00, 3.01, 3.02, 3.021, 3.03, 4.03, and 4.04. Deliverables may be met by one or a combination of the following:

- Intake and initial assessment session
- Life Management Sessions for sixty (60) minutes in length.
- Individual Sessions
- Group Sessions

A review of one applicable closed youth record (DOI 6/1/18) was reviewed for Family/Youth Respite Aftercare Services (FYRAC). As required, the youth was referred by the DJJ probation officer and was approved by the FN. The initial and intake assessment was a face-to-face session and met the criteria of the indicator including gathering of family history and demographic information. The service plan included goals for development of coping skills and dealing with anger and a solution focused counseling approach. The youth received 3 individual/family counseling sessions prior to being discharged 7/2/18; 2 of the 3 sessions did not have duration of 60 minutes as required but were conducted for 40-45 minutes.

No exceptions were noted for this indicator.

3.08 Video Surveillance System

Satisfactory

Limited

Failed

[Rating Narrative](#)

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

4.03 Medications

Satisfactory Limited Failed

Rating Narrative

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

Rating Narrative

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

Rating Narrative