



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of CHS Osceola

on 06/14/2017

## 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**

**Andrea Dean, Director of Programs, Mount Bethel Human Services Corporation**

**Paul Czigan, Regional Monitor, DJJ Office of Program Accountability**

**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 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                                    |
| 0 Program Supervisors                            | 0 Food Service Personnel                               | 0 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 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     | 3 # Personnel Records                               |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs       | 2 # Training Records                                |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                    | 5 # 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 re-accredited effective through 6/30/21. In 2016, the agency was re-branded with a new logo, colors, and a new mission statement and relocated its corporate office (Home Office) to a new location in Orlando, Florida.

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/families 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.

CHS is committed to supporting its staff with resources for employee development and health and awareness. The agency offers a Self-Care University through an online portal that provides training, EAP, wellness, fitness/exercise, nutrition, trauma care, and interpersonal skills resources. Each month, an employee is named Employee of the Month and the agency hosts annual staff retreats to reward staff and show appreciation.

One of the CINS/FINS Counselors was nominated and earned the counselor of the year award by the Florida Network.

## 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. Three Interns also volunteered in the program during the current FY.

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. No new staff were hired during the past year and there were no applicable 5-year re-screenings for the review period. At the time of the review, one of the counselor positions was vacant and the three interns who provided service during the FY had completed their cycle.

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.

### 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 updated by the Executive Director on July 28, 2016.

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.

There was no "new hire" staff during the review period. However, there were three interns/volunteers serving at the program during the review period. Each of the three had an eligible background screening from the Background Screening Unit in the file completed prior to beginning work at the program. 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 that the supervisor completed the Annual Affidavit of Compliance with Level 2 Screening Standards January 4, 2017 and emailed it to the Department January 5, 2017.

There were no exceptions found.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy (CHS 4.03) in place to guide the provision of providing an abuse free environment. The policy was effective January 30, 2005 and updated by the Executive Director on July 28, 2016.

The policy includes the Abuse Registry phone number will be prominently posted in accessible areas to youth, and youth will be assisted in self-reporting. Children's Home Society of Florida employees are legally obligated to report all known or suspected cases of abuse and/or neglect. All known or suspected cases of abuse and/or neglect are to be reported to the Central Registry immediately and for cases of institutional abuse, reported to the Central Communications Center (CCC) Hotline. For CINS/FINS Non-Residential clients, the CCC is called within two hours of an incident or knowledge of the incident as listed on Reportable Incident Types for CINS/FINS programs. All staff are trained in reporting procedures per Florida Administrative Code.

All new employees (full and part-time) will receive a copy of the CHS Employee Handbook at the time of hire and sign an acknowledgement of its receipt and agree to abide by all policies. All new volunteers will receive a copy of the CHS Volunteer Handbook, will sign an acknowledgement of its receipt and agree to abide by CHS policies.

Staff will comply with all rules of conduct as described in the CHS Employee Handbook. This includes clear prohibitions against using physical abuse, intimidation of any kind, profanity, threats, and/or excessive use of force. It is the responsibility of the Program Supervisor or designee to immediately investigate the incident and implement any appropriate safeguards until further investigations are completed by outside sources, if applicable. Management will take immediate action to address incidents of physical and/ or psychological abuse, verbal intimidation, use of profanity, and/ or excessive use of force.

During a review of three open and five closed case management files the review team did not observe any reports of abuse which were not reported to the Florida Abuse Hotline. During a tour of the facility, the team observed the Florida Abuse Hotline phone number prominently posted on bulletin boards, and office walls and doors.

The program has a code of conduct found in the personnel files in which each staff signed acknowledgement of receipt. The program posts all incidents including those of related to physical and/or psychological abuse, verbal intimidation, use of profanity and/or excessive use of force in the corporate AIRSWEB system.

There were four incident reports completed by the program in the 2016-2017 fiscal year. Of the four incident reports completed, only one addressed Abuse/Neglect/Exploitation Allegations. The alleged perpetrator was not a program staff, foster parent, volunteer and thus not reportable to the CCC. There were no client or staff grievances filed during the review cycle.

The program does not have a grievance box in the facility. However, each youth upon admission received notice of the grievance procedure. The procedure includes the first staff receiving the grievance will attempt to resolve the grievance. If it cannot be resolved at that level, the program supervisor will resolve the grievance.

There were no exceptions found.

**1.03 Incident Reporting**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy, CHS 4.03, and has written procedures in place that address the requirements of

the indicator for Central Communications Center (CCC) Incident Reporting. The policy was effective July 10, 2010 and updated by the Executive Director on July 28, 2016.

The program has written procedures in place that address the requirements of the indicator for Central Communications Center (CCC) Incident Reporting. All incidents are documented in the provider's online database called AirsWeb. Staff training on CCC incident reporting was evident in the training files reviewed and listed on the agency's training plan. During the tour, the reviewer observed postings of the CCC telephone number in the facility.

Per the Program Director, during the past year there have not been any incidents that meet the criteria for reporting to CCC. A review of the Department's Central Communications Center website for the CINS/FINS program did not reveal any reportable CCC incidents.

There were no exceptions found.

#### 1.04 Training Requirements

Satisfactory

Limited

Failed

##### Rating Narrative

The applicable program policy, CHS 5.02, was effective on 07/01/2011 and updated on 06/12/2017 by the Executive Director.

The program has a training plan that includes staff working full-time receiving a minimum of eighty hours of training during the first full year of hire and completing specific training within the first 120 days of employment. After the first year, all full-time staff will receive a minimum of forty hours of training. All training will be documented in a training file which includes a training log and documentation from the trainer.

A review of two files for in-service training revealed each staff training year began in the first two months of the calendar year (January and February); as a result, there were only five and four months of training for review. However, both staff files documented thirty-four and ninety-five hours of training received. All required subjects were covered including suicide prevention, CPR, first aid, managing aggressive behavior, fire safety equipment, and Prison Rape Elimination Act (PREA).

The program maintains an individual staff training file which is managed by the individual staff and documented training in the last twelve months. All trainings required by the Department and by the program policy had been delivered to each staff within the last twelve months.

The program maintains a separate binder for each staff's training, documenting training on the program's FY July – June. The training files include individual training plans, a training log, and supporting agendas and/or attendance documentation.

There were no exceptions found.

#### 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. In addition, the agency has a Quality Management Plan (QMP) for 2016 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 procedures ensure that the program collect 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.

A copy of the program's quarterly aggregate records for May 2016–April 2017 was provided to this reviewer. The report demonstrates that reviews of CINS/FINS case files on a quarterly basis are conducted. A total of 38 files were reviewed for the period with a YTD overall compliance rate of 99%.

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. The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary.

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. Copies of the Consumer Satisfaction Aggregation Tool for the first period of FY 2016-2017 for child and adult were provided as well as the Child Satisfaction Aggregation Tool for the second period FY 2015-2016. The CINS/FINS Program staff also obtains client satisfaction surveys at case closure and enters them in NetMIS.

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. A copy of the year-to-date PPR for the current FY to date was provided and reviewed on site.

Monthly review 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. Evidence of discussion of these topics is observed in the minutes of monthly staff meetings held between January and June 2017. The agenda included topics for incidents/accidents, consumer grievances, safety issues, peer record reviews, and QIC.

No exceptions to this indicator as of the date of the QI visit.

#### 1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative



### 1.07 Outreach Services

Satisfactory

Limited

Failed

#### Rating Narrative

The provider has a policy and procedures, CHS/1.01, for Outreach and Linkages to Community Services that was last updated on 7/22/2016. The program also has a Targeting Outreach Plan for FY 2016-2017 that identifies high crime areas and low performing schools for outreach services. The plan includes the dates that staff made contact with the Principals of the targeted prevention schools. Staff conducts outreach activities throughout the county.

The program has established collaborative interagency agreements with various organizations in the community with which to coordinate education, prevention, intervention, and treatment services. Interagency agreements are utilized by the program to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services. The provider's case management staff conducts outreach activities and documents these activities in NetMIS. The program manager is designated to attend the Local DJJ Circuit Advisory Board (CAB) meetings every two months and the list of staff attending and dates of meetings is documented in the Outreach Log.

The program maintains agreements with 10 community partners to assist in the delivery of services and continuum of care for CINS/FINS youth. Partnerships include providers of mental health, education, shelter, and support services. The agreements are all up to date and are maintained in a binder.

A binder is maintained by the program manager that documents prevention and outreach activities conducted by staff on a monthly basis. A NetMIS log of outreach activities for the current FY to date that shows education and prevention activities to a variety of audiences was also reviewed.

The program manager participates in the DJJ Circuit Advisory Board Meetings. A total of five meetings were held for the current FY. The program manager attended three of the five meetings and one was missed due to location change. Minutes and/or agendas of the meetings attended were presented to the reviewer. The attendance was also entered into NetMIS as an outreach activity.

#### Exception:

One of the five DJJ CAB meetings held was not attended by the program manager and/or designee.

## **Standard 2: Intervention and Case Management**

### **Overview**

#### Rating Narrative

CHS Osceola is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Osceola County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Osceola County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of a Program Supervisor and two full-time Case Managers. The Case Managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

As needed, CHS Osceola coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. No case staffing requests were made in the past year by staff or parent/guardian.

There were eight files reviewed, a total of 3 open/active and 5 closed. All the files are organized with a total of 10 sections entitled: Intake, Plans of Care, Clinical/ Assessment, Progress Notes, Medical, Legal, Educational/ Vocational, Community Mental Health, Correspondence Memos, and Misc. Case management and referrals are clearly identified in the youth records. Group counseling is conducted as well as individual counseling sessions.

### **2.01 Screening and Intake**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has written policies and procedures entitled "Screening for Eligibility and Intake" as well as "Admission Process" found in the Children's Home Society of Florida Central Division CINS/FINS Policy and Procedures Manual that addresses the key elements of the QI indicator. The policy is referenced as Procedure Number CHS/2.01 and CHS/2.02 with an effective date of 07/01/11, approved by the Executive Director, and last updated on 7/07/2016 and 11/10/2016, respectively.

The provider's procedures require the screening to begin within seven (7) calendar days of referral by a trained staff member using the NetMIS screening form. The procedures outline additional details to determine eligibility and CHS/2.02 requires the youth/family to receive the following in writing during intake: 1) Available service options; and 2) Rights and responsibilities of youth and parents/guardians. In addition, the procedure requires the youth and parents/guardians to receive the following: 1) Possible actions occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication); and, 2) Grievance Procedures.

A total of 8 files were reviewed (3 open/active and 5 closed). All case files showed evidence of completion of screening documentation within the guidelines except one which was clearly documented as to the reason screening was unable to be completed within the time frame. Evidence of the youth/family's receipt of: available service options; rights and responsibilities; CINS/FINS handbook that includes possible actions occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication); and, grievance procedures was found in all 8 files.

No exception to this indicator as of the date of the QI visit.

### **2.02 Needs Assessment**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure entitled Needs Assessment found in the Children's Home Society of Florida Central Division CINS/FINS Policy and Procedures Manual that addresses all the key elements of the QI indicator. The policy is referenced as Procedure Number CHS/2.04 with an effective date of 07/01/11, approved by the Executive Director and last updated on 12/05/2016.

The provider's procedures indicated a youth shall have a needs assessment and will be initiated during the first face-to-face contact and completed within three contacts following the initial intake. The policy further states, needs assessment will be updated if the most recent assessment is over six months old. Needs assessments are completed by Bachelor's or Master's level staff and signed by a supervisor. 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 by or under the direct supervision of a licensed mental health professional.

All 8 of 8 needs assessments reviewed contained all the required information per the indicator. They were all completed within the required time frames. They were all conducted by a Bachelor's or Master's level staff member and signed by the Supervisor. One of eight indicated an elevated risk of suicide in the needs assessment and a referral form for further assessment was identified in the file.

No exception to this indicator as of the date of the QI visit.

**2.03 Case/Service Plan**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure entitled Case/Service Plan found in the Children's Home Society of Florida Central Division CINS/FINS Policy and Procedures Manual that addresses all the key elements of the QI indicator. The policy is referenced as Procedure Number CHS/3.02 with an effective date of 07/01/11, approved by the Executive Director and last updated on 12/05/2016.

The provider's policy states that a case/service plan will be developed for every youth admitted to the CHS CINS/FINS program. It shall consist of a written plan document developed with the youth and parent(s) identifying needs, measureable goals and outcomes, proposed actions, and time frames for completion of actions. The procedure outlines steps for completing said plan, including completion within seven (7) working days following completion of the assessment. The plan is developed based on information gathered during initial screening, intake, and assessment. The plan includes: 1) identified need(s) and goal(s); 2) type, frequency, and location of service(s); 3) person(s) responsible; 4) target date(s) for completion; 5) actual completion date(s); 6) signature of youth, parent/guardian, counselor, and supervisor; and 7) date the plan was initiated. The case/service plan is reviewed by the counselor and parent/guardian (if available) every 30 days for the first three months, and every six months thereafter, for progress in achieving goals, and for making any necessary revisions to the case/service plan, if indicated.

There were 8 files reviewed (3 open/active and 5 closed). The 3 open active files had areas listed for target dates of completion and there are still goals pending to be completed with time to complete before the cases are closed. All 5 closed files had all targeted completion dates filled in. All case plans reviewed indicated the identified need(s) and goal(s); type, frequency, and location of service(s); person(s) responsible; target date(s) for completion; actual completion date(s); signature of youth, parent/guardian, counselor, and supervisor; and date the plan was initiated.

No exception to this indicator as of the date of the QI visit.

**2.04 Case Management and Service Delivery**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure entitled Case Management that addresses all the key elements of the QI indicator. The policy is referenced as Procedure Number CHS/3.03 with an effective date of 07/01/11, approved by the Executive Director and last updated on 12/05/2016.

It is stated in the provider's policy and procedure that each youth is assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision of services or referral. The policy also states that the process of case management includes: establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's problems and needs; coordinating service plan implementation; monitoring youth's/family's progress in services; providing support for families; monitoring out-of-home placement, if necessary; referrals to the case staff committee, as needed to address the problems and needs of the youth/family; recommending and pursuing judicial intervention in selected cases; accompanying youth and parent/guardian to court hearings and related appointments, if applicable; referral to additional services, if needed; continued case monitoring and review of court orders; and case termination with follow-up.

There were 8 case files reviewed (3 open/active and 5 closed). The primary counselor is clearly identified in each record. Copies of referrals were found in records where indicated and evidence of coordination of service plan implementation was observed. Progress notes in youth record indicated family support as well as in the service plan. There was no case staffing involvement necessary to review. Five of five closed cases contained case termination summaries and 30/60 day follow-ups after exits were identified in separate binders for the youth files reviewed.

No exception to this indicator as of the date of the QI visit.

## 2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure entitled Counseling Services found in the Children's Home Society of Florida Central Division CINS/FINS Policy and Procedures Manual that addresses all the key elements of the QI indicator. The policy is referenced as Procedure Number CHS/3.01 with an effective date of 07/01/11, approved by the Executive Director and last updated on 12/05/2016.

The provider's policy states youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process. CHS CINS/FINS Non-residential program will provide therapeutic community-based services designed to provide the intervention 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 shelter services, and prevent the involvement of youth and families in the delinquency and dependency systems.

Services are provided in the youth's home, a community location, or the local provider's counseling office. Programs that offer counseling services: reflect all case files for coordination between presenting problem(s), needs assessment, case/service plan, case/service plan reviews, case management, and follow-up; maintain individual case files on all youth and adhere to all laws regarding confidentiality; maintain chronological case notes on the youth's progress; and maintain an on-going internal process that ensures clinical review of case records, youth management, and staff performance regarding CINS/FINS services.

Evidence of counseling services are indicated in each of the 8 youth files reviewed. Individual and Group counseling was indicated where applicable. All counseling sessions were properly documented in the progress notes and addressed the problems identified in the assessment and case plans. Evidence of an on-going internal process that ensures clinical reviews of case records and staff performance was identified in each youth file.

No exception to this indicator as of the date of the QI visit.

**2.06 Adjudication/Petition Process**

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in accordance with Indicator 2.06, Adjudication Services and CINS Petition Process. The policy is referenced as Procedure Number CHS/3.05 with an effective date of 01/27/07, approved by the Executive Director and last updated on 12/05/2016.

CHS Case Staffing committee meets all standards with the following: Committee Chair/Agency Program Manager, CINS/FINS Case Manager/Counselors, DJJ Attorney, Osceola Sheriff's Officer, and Osceola County School Representative Truancy Officer or Social Worker involved with the youth.

The program manager stated there have not been any referrals to the program's case staffing committee since the last onsite review.

No exception to this indicator as of the date of the QI visit.

**2.07 Youth Records**

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedures CHS/2000 for Consumer Records Management that was last updated on 7/27/2016. The policy and procedure provides specific processes for staff in the management, security, storage, retention, and destruction of consumer records of which Children's Home Society of Florida (CHS) is the legal custodian.

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.

A tour of the facility included the storage of youth records. CINS/FINS records are kept locked in the counselor's office in a file cabinet. When youth records are being transported away from the office, they are transported in an opaque, hard case that is equipped with a lock and is marked "confidential". The key to the lock is in the possession of the program staff.

All 8 youth records reviewed onsite were marked "Confidential". All records were observed kept in a secure room or locked in a file cabinet marked "Confidential." All of the records are maintained in a neat and orderly fashion consistently with each section of the file clearly labeled with the contents for that

**section.**

**No exception to this indicator as of the date of the 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](#)