



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Mount Bethel Human Services Corporation
(MBHSC)

on 09/14/2016

Compliance Monitoring Services Provided by





Quality Improvement Review

Mount Bethel Human Services Corporation – 09/14/2016

Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
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	Failed
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 66.67%

Percent of indicators rated Limited: 16.67%

Percent of indicators rated Failed: 16.67%

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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Limited

Percent of indicators rated Satisfactory: 86.00%

Percent of indicators rated Limited: 14.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 76.5%

Percent of indicators rated Limited: 15.5%

Percent of indicators rated Failed: 8.0%

Rating Definitions

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

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



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Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Gabriel Medina, QI Monitor, Department of Juvenile Justice

Mary Williams, Program Director, Center for Family and Child Enrichment



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Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2016).

Persons Interviewed

- | | | |
|--|--------------------------------|---|
| <input checked="" type="checkbox"/> Program Director | <u>2</u> # Case Managers | _____ # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | _____ # Clinical Staff | <u>1</u> # Program Supervisors |
| <input type="checkbox"/> DHA or designee | _____ # Food Service Personnel | <u>1</u> # Other (listed by title): <u>Fiscal</u> |
| <input type="checkbox"/> DMHA or designee | _____ # Healthcare Staff | <u>Representative</u> |

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"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>4</u> # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>3</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>4</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>4</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|------------------|------------------------------|--|
| <u>0</u> # Youth | <u>3</u> # Direct Care Staff | <u>3</u> # Other: <u>Parent/Guardian</u> |
|------------------|------------------------------|--|

Observations During Review

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



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Strengths and Innovative Approaches

Rating Narrative

MBHSC 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.

MBHSC is currently located at its New Visions CDC program location at 1004 NW 1st Street, Fort Lauderdale, Florida. In June 2016, the program's former office building, located at 1021 NW 6th Street, Fort Lauderdale, was flooded, forcing evacuation and relocation of the program. Some of the program's possessions had to be stored in an offsite storage unit. The current office building consists of a lobby with secure entry, and a very large open space occupied by the program staff that is equipped with desks, computers, a file cabinet, and rest rooms. The building also includes a couple of office suites utilized by the New Vision program staff.

The agency provides a variety of services in the local community to assist youth and families. These services include: a K-8 school with an enrollment of approximately 200 students; foster care; family reunification; housing counseling; family resource center; and child care assistance program.

MBHSC actively coordinates and participates in community outreach events throughout the year. Each year, MBHSC hosts a Walkathon - Family Festival and, for the past two years, has hosted a fundraising Golf Tournament. The most recent Walkathon, had an 80s theme and offered a vast array of services for free such as health screenings, wellness education, safety tips, and giveaways for the participants. The agenda for the event included: a walk, workshops, dances, fitness activities, fun zones, and music and entertainment. The event attracts over 300 attendants and features providers within the community who bring awareness to all of the resources available for residents.

In addition to the Walk, the provider also co-sponsors a Back-to-School event in August that attracts approximately 1500 individuals. Other community events include a food pantry, Thanksgiving, and Christmas Giveaway, providing food and gifts, to youth and family within the local community.



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Standard 1: Management Accountability

Overview

Narrative

MBHSC provides non-residential community-based services for youth and their families in Broward County, Florida. The CINS/FINS program is under the leadership of an Executive Director and staffed by a Program Coordinator, a multi-lingual Case Manager, and an Outreach Coordinator. The provider also has a Director of Operations position to conduct HR activities, oversee grant administration, and provide fund development. No current staff vacancies were reported at the time of the onsite visit.

Personnel files and background screening for new direct care staff in the program were reviewed. 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. The provider did not report any volunteers in the program who met the criteria for background screening. As of the QI visit, the program hired two new staff in July 2016; one of the new staff replaced the former Program Manager who resigned in June 2016.

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. MBHSC maintains staff training records in their Personnel file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the file. The two new staff were missing orientation training and other core trainings required during the first 120 days of hire.

In addition to conducting outreach activities through presentations in schools, community agencies and resources, events, fairs, law enforcement, and businesses, the provider attends the local DJJ Circuit Meetings when held and also work cohesively with other community organizations to coordinate services and address issues impacting its youth and families. The program has a Targeting Outreach plan for FY 2016-2017 that outlines its goals and activities planned to ensure CINS/FINS services are represented in a coordinated and effective manner.



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1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures in place that address the requirements of the indicator for background screening of employees and volunteers. The agency's policy and procedures, MBHSC 1.01, was last revised 01/01/2016.

The policy requires employees, volunteers and interns who are in direct contact and/or caretaker positions or who are owners, operators, or directors to successfully complete a Level 2 Employment Screening, pursuant to Rule 65C-14.023 and Florida Statutes, prior to an offer of employment or provision of service within the program. In reviewing MBHSC 1.01, all of the requirements of the indicator were addressed with the exception of: 1) requiring active volunteers to be rescreened every five years, if applicable, and 2) submission of the Annual Affidavit of Compliance with Good Moral Character Standards to DJJ Background Screening Unit by January 31st each year.

The program maintains personnel records including employee background screenings in individual employee files. A total of two eligible personnel files were reviewed for background screening of the program's new direct care staff hired since the last onsite QI review. The two new staff transferred into the CINS/FINS program from other programs operated by the provider. One of the two staff (Program Supervisor) had a DCF clearance dated 7/8/15 but no official CINS/FINS program start date except for a current Job Description dated 7/25/16. A DJJ screening for this employee was not in the file, only a Level 2 Clearinghouse Live Scan request dated 9/7/16. The other staff was also missing an official program start letter/HR authorization and had a signed Job Description dated 7/18/16. The eligible DJJ screening for the latter was approved 7/14/16. The HR files for both employees showed proof of the completion of E-verify.

None of the direct care program staff met the criteria for a 5-year background screening during the review period. However, the Executive Director (DOH 8/27/2008) did not have a 5-year re-screening on file but had two separate level 2 screenings including a Live Scan completed by DJJ on 9/2/2010 and a DCF screening on 11/23/2015.

As of the date of the QI review, the provider did not have any volunteers who met the criteria for background screening.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards that was completed by the Executive Director on January 7, 2016.



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Exceptions

The provider's formal policy and procedures for background screening did not include procedures to address: 1) five year re-screening of active volunteers and, 2) submission of the Annual Affidavit of Compliance with Good Moral Character Standards to DJJ Background Screening Unit by January 31st each year.

One of the two new program staff (Program Supervisor) had a DCF clearance dated 7/8/15 but no official CINS/FINS program start date except for a current Job Description dated 7/25/16. A DJJ screening for this employee was not in the file, only a Level 2 Clearinghouse Live Scan request dated 9/7/16. The other staff was also missing an official program start letter/HR authorization. Welcome letters for both staff were submitted by the Director of Programs to the Reviewer upon notification that they were missing from the personnel files.

The Executive Director (DOH 8/27/2008) did not have any 5-year re-screenings on file as required by DJJ. Subsequent to the initial background screening, the HR file contained two separate level 2 screenings including a Live Scan completed by DJJ on 9/2/2010 and a DCF screening completed on 11/23/2015.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy in place to provide an abuse free environment for all clients at all times. The policy and procedures, MBHSC 1.02, was last revised 01/01/2016 and state that MBHSC shall provide an abuse free environment and any abuse of substances is prohibited. The program's standard operating procedure has the contact numbers for: Central Communications Center (CCC) and Child Abuse Hotline as well as email addresses for the Florida Network of Youth and Family Services, Florida Department of Juvenile Justice, and Florida Department of Children & Families. However, as required by the indicator, MBHSC 1.02 does not fully address: 1) the agency's requirements for code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation; 2) specific procedures for reporting and documenting abuse hotline calls; 3) grievance process/procedures; and, 4) management's procedures for addressing incidents of abuse, profanity, and/or excessive use of force.

The program provided separate documentation to support the aforementioned procedures for staff's code of conduct, maintained in the employee handbook, and



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grievance procedures which are provided to and signed by the youth and family during intake. The reviewer reviewed the employee handbook on the program Code of Conduct and grievance process for the youth including feedback. Per the procedures and staff interviews, complaints/grievance documents are handled by supervisory staff and program directors, not direct care staff. The program did not report any client grievances for the review period. Similarly, no calls to the abuse hotline were reported for the review period. The Reviewer observed postings of the CCC and abuse hotline numbers at the temporary office site, including safe plan signs with contact numbers. In addition, management did not have any incidents of physical/psychological abuse, profanity, verbal intimidation, and/or excessive use of force by staff that required management action.

The reviewer interviewed (2) direct staff persons during the onsite visit. Both staff indicated they knew the hotline numbers and were knowledgeable in the procedures for reporting abuse, abandonment, and neglect. Both staff were also familiar with the grievance policy and process. None of the staff has observed other staff being disrespectful toward youth or used profanity when speaking with the youth.

Exception

The program's policy and procedure is missing important elements required by the indicator. MBHSC 1.02 does not fully address: 1) the agency's requirements for code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation; 2) specific procedures for reporting and documenting abuse hotline calls; 3) the program's grievance process/procedures; and, 4) management's procedures for addressing incidents of abuse, profanity, and/or excessive use of force.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures in place, MBHSC 1.03 last revised 1/1/2016, that address the requirements of the indicator for CCC Incident Reporting. The program's reporting procedures is consistent with the Department of Juvenile Justice's requirements. The policy states that incidents will be reported to the Central Communications Center (CCC) as soon as possible, but no later than (2) hours after any reportable incident occurs, or within two (2) hours of the program learning of the incident.



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During the review period, the program reported no incidents to the CCC. The program reported a flooding of the program offices on June 1, 2016 that required relocating the program and staff to another location. An emergency drill report was documented for the incident but it was not reported to CCC. The Executive Director (ED) reported the incident to CCC as advised by the reviewer during the onsite visit. The report was initially accepted by CCC but was later classified as non-reportable via an email sent to the ED.

Staff training on CCC incident reporting was evident in the training files reviewed. Posting of the CCC telephone number was observed in the lobby and program office.

No exception noted.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency's policy and procedures, MBHSC 1.04, describes the training and professional development that are key components of continuous quality improvement. As a requirement of all major funding sources, the training requirements set specific goals for staff training in terms of the number of hours and specific topics required for each employee. Each employee is required to meet these requirements to satisfy funding source, contractual or other local, state and federal guidelines. All direct care CINS/FINS staff shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year. Program staff are scheduled for training throughout the year; training is provided by the Florida Network, local community resources and various local providers, and personnel approved or certified to deliver training services.

The training files for two new staff and one in-service direct care staff was reviewed. One of the new staff transferred into the CINS/FINS program on 7/25/16. The staff's training log shows training while in his prior position but did not have a current training log with trainings completed since program hire date of 7/25/16. Essential and necessary trainings that are required such as: program orientation training, Crisis Intervention, Suicide Prevention, CINS/FINS Core, Fire Safety, Youth Development, Ethics, Confidentiality, PREA, serving LGBTQ youth and Cultural Humility were not yet completed as of the onsite visit. Based on training documentation in the file, the above mentioned staff has only completed 5 hours of training since program hire.



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A second new staff has not completed Orientation training, Crisis Intervention, Fire Safety, CPR/First Aid, Youth Development, Ethics, Confidentiality, Child abuse Reporting, Trauma Informed Care, and Cultural Humility. The total year-to-date training completed as of the onsite visit was 48.5 hours.

As of the date of the onsite visit, the two new staff were less than 60 days into the time required to complete the mandatory trainings during the first 120 days.

One in-service training file reviewed shows the staff completed 2 hours since the renewal of his training year 8/18/16. For the current training year, this staff has not yet completed Suicide Prevention, Managing Aggressive Behavior, Fire Safety, or PREA but still has adequate time to complete these topics.

The program maintains a separate training file for each staff that includes an individual staff training log and supporting agendas and/or attendance documentation.

Exception

One of the new staff who transferred into the CINS/FINS program did not have a current Training Log with trainings completed in his current position as CINS/FINS Program Supervisor. The training file provided documented trainings completed in the staff's prior position as Recruitment Specialist beginning July 2015 through February 2016.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy to complete reports of aggregate data and analysis of targeted program information but there were no specific procedures in place for the collection and review of quarterly case records; quarterly review of incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports. The indicator requires a review of these data to analyze patterns and trends that are reviewed by management and communicated to staff and stakeholders.

The current Program Supervisor was hired in July 2016 and is in the process of implementing Case Record Reviews and reviews of incidents, accidents, and



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grievances. A log was presented to the Reviewer showing the data that will be collected and reviewed for these activities.

The most recent evidence of case record reviews presented was for June 2016. QA/QI File Checklists were presented for two individual files that were opened in May and June 2016. The latter file shows an intake date of 6/2/2016 but the review was signed as completed on 6/1/2016 prior to the intake of the youth. As of the QI visit, no other evidence of practice within the past three months was available to support case record reviews are being conducted on a consistent basis.

During the review period, the provider has not had any reportable incidents, accidents, or grievances; however, as required by the indicator, there is no current protocol in place for quarterly reviews of incidents, accidents, and grievances should they occur.

As of the QI visit, the program has not reviewed customer satisfaction data as an agency or program activity. The Program Supervisor indicated that it will be implemented during the current fiscal year.

Per the Program Supervisor, the Executive Director receives the monthly Florida Network's benchmark report that shows the program's performance in relation to established benchmarks and communicates via email to the Program Director. Copies of emails sent between March and June 2016 were reviewed. However, formal discussions with staff and implementation of activities for improvements were not documented.

There was no evidence of monthly reviews of Netmis data reports as provided by the Florida Network or obtained from Netmis and reports of deficiencies to staff during staff meetings.

Exceptions

As of the date of the onsite visit, the provider did not have specific procedures to address the review and analysis of: quarterly case records; quarterly review of incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports.

As of the QI visit, the provider did not provide sufficient evidence to validate the completion of quarterly case records consistently. It appears this practice was in place at one time but no evidence of practice within the past 3 months was available to support continuous reviews of Case Record Reviews. A protocol and practice for reviews of incidents, accidents, and grievances was also not evident. Similarly, the program has not reviewed customer satisfaction data as an agency or program activity. Although Florida Network benchmark reports were being distributed to the program



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director, formal discussions with staff and processes for improvements were not documented. The provider has also not established relevant program outcomes to monitor besides those being tracked by the Florida Network.

There was no evidence of monthly monitoring and review of Netmis data reports as provided by the Florida Network or retrieved by staff from Netmis.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

Rating Narrative

MBHSC has a transportation policy that states the agency's staff do not provide transportation for clients in the CINS/FINS program. Transportation by MBHSC staff of any youth is prohibited. As a result, this indicated is rated Not Applicable.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

The provider has a policy and procedure, MBHSC 1.07 that was last revised 1/1/2016. The program outreach and prevention services involve increasing community awareness and offering informational and educational CINS/FINS services to youth and families which may be related to:

- Alcohol and other drug use/Abuse
- Adolescence/Adolescent Behavior
- Parenting classes/Family Functioning
- Youth Educational Issues
- Information About CINS/FINS and other Services Programs

In addition, the program has a Targeting Outreach plan for FY 2016-2017 that outlines its goals and activities planned to ensure CINS/FINS services are represented in a coordinated and effective manner. MBHSC outreach services are conducted by the program on an ongoing basis to increase public and community awareness.



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The Program Supervisor is required to attend the local DJJ Circuit 17 Board meeting when they are scheduled which is frequently monthly. Evidence of meeting attendance is not maintained.

Additionally, outreach includes youth and families through presentations in schools, community agencies and resources, events, fairs, law enforcement, and businesses as well as dissemination of printed materials informing the community of CINS/FINS as an effective prevention and intervention service. Outreach activities are entered in Netmis.

Interagency agreements are utilized by MBHSC to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services. The reviewer observed documentation on Outreach events for the review period, Interagency Agreements, and Community meeting participation.



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Standard 2: Intervention and Case Management

Overview

Rating Narrative

MBHSC is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Broward County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Broward 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. Educational group sessions are facilitated by MBHSC staff weekly at two schools, Walker Elementary and Westwood. The DPO is trained in the Why Try curriculum but it is not yet implemented in the program. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of two fulltime direct care staff and a Program Coordinator. The direct care staff have specific duties distinguished by their titles and are responsible for completing needs assessments, developing case plans, providing case management services, and linking youth and families to community services.

MBHSC utilizes the Case Staffing Committee for Lutheran Services Florida, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee meets monthly to review referred cases and can also recommend the filing of a CINS Petition with the court.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures in place, MBHSC2.01, indicating that all referrals to the program for CINS/FINS services are screened for eligibility, and the steps that staff needs to take when completing the youth's intake form. There were four open and four closed non-residential files reviewed, and seven of them were screened for eligibility within seven calendar days of the referral, by a trained staff. Youth and



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parents/guardians received a listing of available service options, their rights and responsibilities, the program's brochure, and grievance procedures, as acknowledged by their signatures.

Exception

One of the eight cases reviewed was not screened for eligibility within seven calendar days of referral since the staff that completed the referral left and the case was later reassigned to other case manager.

2.02 Needs Assessments

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures, MBHSC2.02, requiring that the needs assessment must be initiated within 72 hours of the intake process completion and 2-3 face to face sessions, and completed to gather and analyze information for all youth and their families receiving services. The policy and procedure was last revised 1/1/2016.

There were four open and four closed non-residential files reviewed. The needs assessments were completed within 2 to 3 face-to-face visits in all eight files. Seven of the eight needs assessments reviewed were completed as required in that they were completed by Bachelor's or Master level staff and were reviewed and approved by a supervisor.

None of the needs assessments reviewed indicated the youth were at risk for suicide.

Exception

One of the eight needs assessments reviewed was missing the signature page.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure, MBHSC2.03, indicating that the Case/Service Plan will be developed within seven working days of the completion of the needs assessment.



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Seven of the eight case/service plans reviewed were implemented on the intake day and contained all the elements required. All of service plans included: individualized needs and goals; service type, frequency, and location; person(s) responsible; target and completed date(s); and signatures of youth, parent/guardian, counselor, and supervisor. Three of the eight files met the criteria for progress reviews; two of the three files had reviews that were completed timely, every thirty days.

Exceptions

One of the case plans was not developed within the required 7 working days of the assessment since the youth's family failed to engage in the program's services.

One of the case plans did not include timely progress reviews.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The program had policy and procedure, MBHSC2.04, related to the program coordination of services and support for the youth's families. The policy was last revised 1/1/2016.

The review of four active and four closed youth files confirmed that the program assigned a case manager to each youth and staff worked closely with the youth and families to assist in the coordination of services, resolution of any issue, and to make the applicable additional community referrals, as needed. The review of the youth files confirmed that the program staff monitors youth's and family progress in services. Evidence of referrals is documented and is based on the initial assessment of the youth's needs. All of the client files contained evidence of activity and/or progress notes. Exit from program is documented as required in the 4 closed cases.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative



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The program has a policy and procedures, MBHSC2.05, to ensure that youth and families receive counseling services to stabilize the family and prevent the involvement of youth and families in the delinquency and dependency systems.

A review of four active and four closed youth files revealed that the program consistently refer youth and families to Harmony Development Center, the Richards Middle After School Tutoring program, and Soft After Foundation for therapeutic community-based services including individual, group and family counseling. Referrals to these services are documented in the case plans, progress notes, and documented on the youth and families counseling progress.

No exceptions were noted for this indicator.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure, MBHSC2.06, to ensure that the case staffing committee meetings are scheduled monthly or within seven days of the written request of the family, to review the case of any youth or family that the program determines is in need of services or treatment. The policy and procedures was last revised 1/1/2016.

A review of one eligible case staffing file held during the past six months was conducted. The youth was referred to the case staffing via email by the youth's school on 5/10/2016. The case staffing was convened on 5/25/2016, greater than 7 working days from the receipt of the written request. As a result of the case staffing, the committee made recommendations; however, the mom was not present for the staffing and neither the mom nor the youth signed the recommendation. The case file for this youth was missing during the review and there is no documentation regarding progress or current status of the case.

Exception

The case staffing was convened greater than 7 working days from the receipt of the written request and no documentation was present to support parent notification of the case staffing or receipt of the committee's recommendations.



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Mount Bethel Human Services Corporation – 09/14/2016

Lead Reviewer: Marcia Tavares

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures, MBHSC2.07, to ensure youth records are maintained confidentially.

Reviews of the program's case files found seven of the eight files reviewed to be marked "confidential" and are only accessible to program staff. All the files onsite are housed in a locked filing cabinet located in the Family Resource Center (FRC) counseling office. The office is locked and only accessible to program staff. All closed files are housed in a locked file room located in the FRC staff office, only accessible to program staff. All of the records reviewed onsite are maintained in an orderly and neat manner.

The program has an opaque box for the transport of youth records. The box is marked confidential and is equipped with a lock.

During the onsite review, a total of four randomly selected files could not be located by the program. Per the program's client roster dated 9/6/2016, two of the files were active/open and two were closed. The Executive Director (ED) indicated that the files were probably located in the program's storage unit where some of the program's properties were relocated after the flooding incident. A request was made by the Lead Reviewer to locate and submit these files for review. In addition, it is important that the open files are up-to-date and stored in accordance with the agency's policy and procedure.

The Program Supervisor submitted case file documentation to the Lead Reviewer, post review, for the four cases that were not available during the review. One of the four cases was terminated quickly as the family moved to Miami.

Per the notes in another case file, the family moved to Georgia but the file (opened 6/3/16) was not closed until 9/20/16, after the QI Review. Most of the documents presented for this file were not the originals but were copied from Netmis. Also there were no progress notes documented between 6/5/16 and 9/20/16. Per phone interview with the youth's mother, she never mentioned relocation but stated they received services about 2 or 3 times. Mt. Bethel never followed up with them and the mother was very disappointed that Mt. Bethel did not reach out to help with their son.

The third case file (dates of service 3/7/16-6/15/16) did not include any progress notes making it difficult to identify services provided. Per interview with the mom, the



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counselor was leaving Mt. Bethel so the family was referred to another agency to continue counseling. The youth is still receiving counseling from the agency once a week.

The case file documentation received for the fourth file were all printed from Netmis, indicating an original copy of the file was not found. The client roster shows the case to be active and it was verified as open in Netmis. However, there are no progress notes to verify services provided consistently to date. A phone interview with the parents of the youth did not verify services received. The parents stated they do not recall ever receiving services from Mt. Bethel and were not familiar with the agency.

Exceptions

Four files randomly selected during the review were not available during the onsite visit and could not be located by the program's staff. The ED stated the staff would retrieve them from the program offsite storage. The program roster showed the status of two of the files to be open/active.

A review of three of the four cases that were not available immediately during the onsite visit revealed the files were poorly maintained as original documentation was not evident and gaps in services were apparent. Interviews with two separate parents indicated inconsistencies with notes in the files. One parent stated Mt. Bethel never followed up with them and the mother was very disappointed that Mt. Bethel did not reach out to help with their son. However, the case notes stated the family was relocating to Georgia and the case was closed in June 2016. Another parent interviewed was not familiar with the agency or services provided yet the case notes indicated the youth was referred to case staffing and the file remained open as of the onsite visit and was missing progress notes showing case activity. Case documentation received from the program was not the originals but were printed from Netmis.

One of the eight files reviewed onsite was not marked confidential.