



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Bethel Community Foundation

on June 7, 2019

Compliance Monitoring Services Provided by





Quality Improvement Review

Bethel Community Foundation – June 7, 2019

Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	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 & 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, Gender Expression	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 & Special Populations

3.07 Special Populations	Not Applicable
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Percent of indicators rated Satisfactory: 0.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%



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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.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Amanda Nelson- Department of Juvenile Justice

Tiffany Martin – Florida Network Youth and Family Services



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Strengths and Innovative Approaches

Rating Narrative

Bethel Community Foundation (BCF) 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.

BCF is located in St. Petersburg, Florida and operates the following programs: 1) Children In Need of Services/Families In Need of Services (CINS/FINS); 2) Truancy Intervention Program Services (TIPS); 3) Private School for elementary to middle school youth; and 4) Pre-School for children ages one through five. The agency uses in-house educational resources that are immediately accessible to parents during the intake assessment process for children ages one through eighteen. The K-8 school that is operated onsite offers a small, private educational setting and to some an alternative for youth that have dropped out or do not want to attend public school. Scholarships available to parents include State of Florida McKay and Step-Up for Students. Mr. Myles is the Executive Director of the BCF agency.

The TIPS program, funded in 2011 through Pinellas County's Juvenile Welfare Board Children's Services Council, is now completing the eighth year of services to truant youth who are detained and transported by police officers to Bethel, site of the Pinellas County Truancy Center. On arrival at Bethel, youth undergo a comprehensive screening and assessment, including substance abuse and suicide risk screenings. Law Enforcement and truancy court referrals are significant referral contributors to the youth served by the program.

For the third year, Bethel is maintaining supervision and case management responsibility for Truancy Court cases that result in case staffing, including filing CINS petitions. The residential CINS/FINS provider, Family Resources, has transitioned these responsibilities to Bethel Navigators/Case Managers who have been trained by the DJJ attorney regarding filing CINS petitions.

Ending school year FY 18 -19, Bethel executed a 3rd written memorandum of agreement with Pinellas County School Board that allows Case Managers on line access to student records, permitting real time monitoring of client academic, attendance, and discipline progress.

BCF CINS program continues to provide comprehensive family support services, including anger management, female life skills, manhood development, and Active Parenting classes. Additionally, mentoring, parent coaching, mental health evaluations, and individual/family counseling are provided by a licensed therapist (LMHC), and one (1) PhD counselor, and 3 Navigators who provide case management, including



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coaching to parents and mentoring to youth. Counseling and life skills classes are Monday – Thursday until 8:00pm.

Gender specific classes, including Manhood Development and Female Life Skills are continuing to use the evidenced based “Why Try” curriculum. The anger management class uses an evidenced based mindfulness based stress reduction workbook designed to overcome anger and aggression using Dialectical Behavior Therapy (DBT).

The program is in its 4th year of offering the Summer Bridge School work readiness program. Approximately 15 youth are enrolled (capacity funded is 25 youth) who will be coached and trained in job readiness including preparing a resume, interview skills, job skills training (self-awareness, communication, goal setting, anger management, assertiveness, financial management) and linkage with local employers such as Publix and Westminster Shore who conduct on-the-spot interviews and job offers. Last summer, 15 program graduates received an extra \$100 bonus from one of the agency’s partners.

Effective May 1, 2019, the Foundation signed a \$75,000 contract with the Juvenile Welfare Board to provide for the expansion of the TIPS program to the Sanderlin Center mid-town site to include 2 additional Navigators for a total of 5 case managers responsible for case management and mentoring. This additional funding allows the Executive Director to provide more administrative oversight, outreach and recruitment in a neighborhood with a high risk for delinquency.

Also, the foundation’s contract with New Vision Behavioral Health provides mental health services by a LMHC in the home, office, and in schools; the latter further reduces the transportation barrier and access to mental health services.

Standard 1: Management Accountability

Overview

Narrative

Bethel Community Foundation provides non-residential community-based services for youth and their families. BCF non-residential CINS/FINS program is staffed by one Executive Director, 2 Administrative Assistants, one Clerk, 4 TIPS Navigators, and 1 LMHC contracted licensed Therapist.

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 background screened and hired during the review period; there were no applicable 5-year re-screenings during this review period.



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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. 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 Florida Network (FN), SkillPro, and local providers.

In addition to attending the local DJJ Circuit Meetings, the Executive Director and provider's case management staff conducts outreach activities and participate in community events. Outreach activities are entered into NetMIS.

1.01 Background Screening of Employees/Volunteers

Satisfactory

Limited

Failed

Rating Narrative

The agency has a current policy and procedures, QA 1.01, that addresses the background screening of all employees, subcontractors, consultants, and volunteers. The provider's policy meets the requirement of the indicator and was last revised and approved on 05/29/2019 by the Executive Director.

The program's procedure requires all applicants (staff and volunteers) to complete a background screening pursuant to Chapter 39, 435, 984, 985 and Florida Statutes related to FDJJ 1800. All employees, subcontractors, consultants, and volunteers must have an eligible background screening completed through the Department of Juvenile Justice (DJJ) prior to their date of hire, and/or start of volunteer service. The applicant is provided a background package that includes: request for Live Scan, Criminal History Acknowledgement, privacy policy acknowledgement form; and Affidavit of Good Moral Character. The program will not offer employment or accept applicable volunteer service until receipt of the eligible background screening. Within six months of the employee or volunteer's 5th anniversary, the Administrative Assistant submits a completed request for a re-screening. An Annual Affidavit of Compliance with Good Moral Character Standards is completed by the program annually and sent to the DJJ Background Screening Unit by January 31st of each year. Any break in employment of more than 180 days requires a new background screening to be initiated and completed prior to the five-year screening.

At the time of this review the program has a total of seven program staff including the ED, 2 Administrative Assistants, a Clerk, and three Navigators. The agency also contracts with 2 therapists, a MSW and a LMHC; the LMHC is the owner/operator of New Visions Behavioral Health that is contracted to provide counseling and therapeutic



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services for the provider. Six of the seven program staff were hired prior to the review period and none were due for a five-year rescreening during the review period.

One eligible background screening file was reviewed for an employee who was hired after the last onsite visit. The date of hire for the staff was 8/13/2018. An eligible DJJ background screening was completed prior to an offer of employment. The agency requested the E-verify during the QI visit on 6/7/2019 and provided documentation supporting authorized employment by the Department of Homeland Security.

The provider did not have any volunteers who met the criteria for background screening. Similarly, there were no eligible 5-year re-screenings due for any current program staff.

A copy of the provider's notarized Annual Affidavit of Compliance with Level 2 Screening Standards was provided showing the agency submitted the annual affidavit to the BSU on May 29, 2019; however, the date of submission was after the January 31st deadline.

The agency uses HR Avatar, a pre-employment assessment that uses data-driven insights to predict hiring success. The program has been using the pre-assessment tool since August 2018 and has implemented procedures for the administration of the tool prior to hiring new direct care staff. The tool measures cognitive ability; knowledge and skills; personality factors; behavioral history; and emotional intelligence. The report includes summary, detail, interview guide, and notes sections. Per the agency's policy, a minimum score of 60% is required for an applicant to be considered for an interview. The tool was administered prior to the hiring of the new staff in August 2018. The staff received a rating greater than/equal to 66% which was accepted as suitable for the job.

Exception

The Annual Affidavit of Compliance was not submitted in a timely manner to the BSU as required by January 31st. The agency provided documentation that the Annual Affidavit was submitted to the BSU on May 29, 2019.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures which defines situations in which they will contact the Florida Abuse Hotline regarding any situations related to abuse or neglect. This policy (Q.A. 1.02) was created on 3/13/09 and was reviewed by the Executive Director on May 29, 2019. This policy includes Employee Conduct and Work Rules (701), Progressive Discipline (716), and Grievance Procedure. Youth and staff will have unimpeded access to place a call to the Florida Abuse Hotline. Policy QA 1.02 forbids

any use of physical force, verbal abuse, or intimidation and requires timely reporting of child abuse allegations, prominent posting of the Abuse Registry phone number, and professional staff conduct.

The program procedures indicate all clients have the right to call in an abuse report at any time. The procedures require them to post informational signs which advise and inform clients of their unhindered right to call the Abuse Registry. Per the procedures, Bethel strives to create an atmosphere of mutual respect and dignity for staff, youth and parents, and expects staff to be role models to youth and families. All staff are required to review the program's policy and procedures and receive new hire training in Child Abuse Reporting. The program requires that all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline. The policy and procedures indicate at any time during program participation youth are permitted to use an agency phone to self-report abuse and/or staff are required to report on behalf of youth abuse or suspected abuse to the Florida Abuse Hotline.

The procedures include an attachment which describes the grievance process designed to provide a means for clients to bring relevant problems and complaints concerning the manner in which they are being served by the agency. Grievance procedures and Client Rights are reviewed, and an acknowledgement of receipt is signed by the parent/guardian and the youth during the intake process. When a client has a grievance, the client should first discuss the grievance with the assigned staff. If an agreement cannot be reached during this informal phase, the client should formally submit their grievance to the Executive Director or Vice President of the foundation board in writing. Should the complainant not be able to reach an agreement with the Executive Director or Vice President, a hearing is granted with the full Board where all efforts are made to reach an amicable resolution.

Postings for the Florida Abuse Hotline were observed in the conference room and common areas of the facility. The program has a code of conduct in place which governs the behavior of its employees and volunteers. The code of conduct prohibits the use of physical abuse, profanity, threats, belittling comments, and intimidation. The one applicable new staff member received training regarding the requirement of reporting incidents of alleged child abuse as a part of the pre-service training. Per interview with Executive Director, there were at least two instances of staff completing an online report to the Florida Abuse Hotline. Executive Director provided documentation reflecting the online Abuse form was completed and an incident report was also completed and placed in client's file. The program did not have an Abuse Hotline Reporting log, however, Executive Director directed administrative staff to create an abuse reporting log which was completed during the review team site visit.

Exception:

No exceptions found for this indicator.

1.03 Incident Reporting



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Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has a policy (Q.A. 1.03) and procedures to standardize incident reporting to ensure accuracy and detail. The policy was revised on May 5, 2017 and was reviewed by the Executive Director on May 29, 2019.

Staff will report all incidents to the Central Communications Center (CCC) as soon as possible, but no later than two hours after a reportable incident occurs. Incident should also be documented in the program CCC log and on the DJJ CCC Incident Complaint reporting form. Whenever a reportable incident occurs, an incident report will be completed by staff. Examples of reportable incidents listed in the policy are:

- Program Disruptions
- Medical injuries or conditions
- Employee Arrests
- Youth Behavior Incidents
- Death or other extraordinary circumstances

Once an incident has occurred, staff is to fill out the incident reporting form as soon as possible once the situation has stabilized. This incident report form includes: date of incident, individuals involved, type of incident, identifying information of participants, a brief description of the incident, and any follow up action to be taken. There is also a separate internal form to be completed if an employee is arrested. The program is to maintain a special incident log which is in place to record all incidents which occur at the program.

The CCC incident reporting log was observed at the program site. A review of JJIS CCC reports for this reporting period found no incidents have occurred during the past six months. Per interview with program director, the program has also not had any non-reportable incidents during this review period.

Exception:

No exceptions found for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has policies Q.A. 1.04 and 1.04B in place for training requirement that were last revised and signed by the program Executive Director on May 5, 2017. An annual review of the policies was conducted by the Executive Director on May 29, 2019. A review of the policies confirms staff receives training in the necessary and essential skills required to provide services and specific job functions.



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Per the policies, all direct care CINS/FINS staff shall have a minimum of 80 hours for the first year, including mandatory training required during the first 120 days, and 25 hours thereafter. The program's procedures state training is scheduled throughout the year and may be provided by the Florida Network, local community resources, and various local provider personnel approved or certified to deliver training. The program maintains an individual training file for each staff, which includes an annual employee training hour tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.

One staff member was hired 8/13/18 within this annual training review cycle and is past their first 120 days of employment. At the time of this review, the staff member had not completed their required initial employment training topics. The staff member has not yet completed the required Understanding Youth Development training. Additionally, the staff member's CPR/FIRST AID and Child Abuse Reporting trainings were all completed several months past the required 120 days. The staff member had a total of 97.5 training hours which exceeds the required 80 hours annually. A review of training documentation found in their training files confirmed these findings.

For annual required training, three staff training files were chosen for review. All staff have completed their required annual training topics, except for one staff that needs to complete Part 2 of Suicide Prevention training in the Department of Juvenile Justice's Learning Management System (SkillPro) prior to June 30, 2019. The staff completed 82.5, 38, and 46.5 hours respectfully, which exceeds the required twenty-five hours required in the program's procedures. A review of training documentation found in their training files confirmed these findings. All initial employment and annual required training requirements can be achieved by taking the training through either Skillpro, the Florida Network of Youth and Family Services (FNYFS), the American Heart Association, the program's licensed mental health counselor (LMHC), Executive Director, Pinellas County School District, or local fire/rescue.

Exception:

One pre-service training file did not contain the required Youth Development Training which is to be completed within 120 days of hire. The training file also contained CPR/FIRST AID and Child Abuse Reporting training which were completed almost four months and five and a half months past the required 120 days of hire date.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy QA 1.05 in place titled Analyzing and Reporting Information. The policy was last reviewed and updated on June 6, 2018 and signed by the agency's

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Executive Director. An annual review of the policy was conducted by the Executive Director on May 29, 2019. A review of the policy revealed that the policy addresses the information related to the program's overall program performance on a monthly basis. A general review of the policy indicates that it specifically collects data and program information from various resources designed to track CINS/FINS program progress and compliance with operational protocols and program outcomes.

The procedures regarding Analyzing and Reporting Information are focused on data collection practices of direct care Bethel Community Foundation (BCF) Navigator staff persons. The primary areas of focus require that the Navigators complete the Intake Forms and other client related documentation accurately and completely. The program's policy also focuses on a case file audit process that is conducted on a monthly basis with randomly selected cases of Navigators to identify case management trends and program service areas that may require improvement. The program requires Navigators to use two forms to capture and track data collection related to client service delivery and general contact with client and family. The forms include the CINS/FINS Truancy Intervention Program Services (TIPS) audit date form and the CINS/FINS Audit Report-Case File review form. Generally, the forms capture categories of data that include evidence of contact date on a weekly, bi-weekly basis; case notes; session log; service plans; closure; attendance tracking and other data elements. Specific procedures for collecting and assessing data with regards to the following required areas were not found in the current policy QA 1.05:

- Quarterly review of incidents, accidents and grievances.
- Annual review of customer satisfaction data.
- Annual review of outcome data.
- Monthly review of NetMIS data reports
- Review of findings by management and communication to staff and stakeholders
- Process for implementing improvements with staff being informed and involved throughout the process

Interview was conducted with the Executive Director (ED) regarding the completion of case record reviews. The ED is responsible for conducting record reviews and targets an average of 50% of active caseloads for the three Navigators each time reviews are conducted. Case records are randomly selected, typically on cases with longer length of stay, and reviews are documented on the Audit Report-Active File form. The review forms are maintained in a binder entitled Counselors Case Management and include memos issued to the Navigators for deficiencies noted by the supervisor. The binder contained reviews on a bimonthly basis for two of the Navigators (January and March 2019, and February and April 2019, respectively) and quarterly for one Navigator (January and April 2019).

During the review period, the provider has not had any reportable incidents, accidents, or grievances. There is evidence that there was discussion of this item at the staff meeting held in May 2019. It is required that findings reviewed by management are regularly communicated to staff and stakeholders. There was only one staff meeting held during the past 6 months.



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During the QI visit, the program ran and obtained a report of its customer satisfaction data from Netmis during the QI visit. The data showed 6 surveys entered into Netmis for FY 2018-2019. The report indicates 83% of respondents agreed the program helped them and their family. There is no evidence of an annual review of customer satisfaction data since the last review June 8, 2018.

Per the ED, the Executive Director receives a report card twice per year provided by the Florida Network of Youth and Family Services (FNYFS) that captures specific program outcomes. The data includes tracking of the completion rates of Intake Data, Discharge Data, Exits, 30-day Follow-Up, Service Completion, School Attendance, Intake and Needs Assessment Completion, Submission of Required Documentation, Admission Rates, and Recidivism. The ED reviews the data for accuracy and identifies areas in need of improvement.

Additionally, the agency receives monthly Netmis data extract reports from the FNYFS. The NETMIS captures categories of data that include tracking of the completion rates of Intake Data, Discharge Data, Exits, 30-day Follow Up, and Service Completion. The ED maintains records of the Netmis reports in a binder along with monthly data elements of services provided.

Exception

No exceptions to this indicator were found.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

Rating Narrative

This indicator is rated Not Applicable for Non-residential providers.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

The program has a policy BCF 1.07 titled "Outreach Services" stating the intended purpose of their outreach activities and working in collaboration with the community to provide prevention services to a minimum of sixty percent of served clients residing in high risk targeted zip codes which include 33712, 33705, and 33711, which contain the highest volume of juvenile delinquency for the county. This policy was signed and revised by the Executive Director on May 2, 2017 and was reviewed by the Executive Director on May 29, 2019.

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BCF has developed a broad base of community collaborations including faith-based institutions (to include the Bethel Community Church which is co-located on the same grounds as the foundation), schools, mental health/substance abuse groups, grass root empowerment groups, and recreational centers. Several of these agreements are formal interagency agreements, whereas, others are long-standing informal agreements.

The foundation is involved in on-going community development and assessment activities relating to youth crime prevention through the Nation Association for the Advancement of Colored People (NAACP), Pinellas Urban League, the Juvenile Welfare Board, Suncoast Center, Wen-Sun, Juvenile Detention Alternative Initiative Disproportionate Minority Contact committee, Juvenile Justice Citizen's Academy, and the congregation advocacy group known as Faith in Action for Strength Together (FAST). Review staff were provided a copy of NetMIS documenting all the outreach activities completed for the current fiscal year. Activities are occurring on at least a monthly basis.

The agency attended the Department of Juvenile Justice Circuit 6 Advisory Council Meetings in January and April and provided an agenda and notes to verify attendance. These meetings occur quarterly, and the Executive Director is notified by email when the next meeting will occur.

Exception

No exceptions to this indicator were found.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Bethel Community Foundation is contracted with the Florida Network of Youth and Families to provide nonresidential CINS/FINS services for youth and their families in Pinellas County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from local 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 anger management, female life skills, manhood development, parent/youth family training, mentoring and parent coaching are offered.

The CINS/FINS program services are conducted by four Navigators, including a PhD who was hired within the last year, that are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services. Clinical oversight is contracted through New Vision Behavioral Health under the management of a LMHC.

As needed, BCF 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. Case staffing is conducted via a written interagency agreement with Family Resources, another CINS/FINS provider in Circuit 6. During the QI review, 8 client files were reviewed (4 open and 4 closed cases).

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy QA 2.01, 2.02 for Screening, Intake, and Needs Assessment that was last reviewed by the agency Executive Director on May 29, 2019. Initial eligibility screening begins for all referred youth within seven days of youth referral to BCF CINS/FINS. The needs assessment is initiated at the 1st face to face intake visit and completed by the 2nd assessment visit.

Initial screening is conducted by the BCF Screener Administrative Assistant by phone or referral agency/school. The initial screening could also begin at the receipt of a referral by fax. Attempts are made to determine youth eligibility for services using the criteria on the approved screening form. Also, via initial phone or face to face screening, a determination is made as to youth's legal status as pending dependency or delinquency allegation renders youth ineligible for CINS/FINS services. Follow up calls or face to face meeting can be completed if necessary to determine eligibility. The screening is the beginning of the assessment process and any and all information regarding youth's situation, presenting problem, and immediate needs are documented on the screening form. However, if it is determined the youth is not eligible because of legal status or severe clinical issues, every attempt is made to provide parent and or referral source at least one appropriate referral source.

Documents reviewed to check this indicator were: Parent and Youth Orientation Handbook and TIPS Referral Form. In addition, 8 files (4 open, 4 closed) were reviewed for this indicator. At the time of intake and screening, all 8 files reviewed indicated parent/guardians were made aware of or were provided:

- Available service options (as based on information collected from screening)
- Rights and responsibilities
- Parent Guardian Brochure
- Possible actions occurring through involvement with CINS/FINS
- Grievance Procedures. Note: the agency offers 5 methods for clients to make grievances: Directly to Bethel Community Foundation, Department of Children and Families, client attorney, Human Rights Advocacy Committee and the Substance Abuse and Mental Health Office.

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At intake, clients and parents receive a Parent and Youth Orientation handbook. During the review of this handbook the parent and youth receive a copy of all information listed above. In addition, all screenings with the exception of one was completed in less than 7 calendar days of the referral. One screening was completed 10 days after the referral.

Exceptions:

No exceptions are documented for this indicator.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy QA 2.01, 2.02 for Screening, Intake, and Needs Assessment that was last reviewed by the agency Executive Director on May 29, 2019.

The screener schedules an intake appointment with the Intake Specialist/Program Coordinator based upon available appointment openings and the urgency of need for service. Following the CINS/FINS Intake, the needs assessment is initiated and if not completed at the 2nd session is scheduled to finalize same. Assessment documents completed include:

- Needs Assessment
- Client Self-Assessment Tool
- Client Development Assessment Checklist
- NETMIS
- NETMIS Release
- ACE

Documents reviewed to check this indicator were: Needs Assessment, Intake, Agency Referral Form, and BCF CINS/FINS TIPS Plan of Service Agreement. A total of 8 files (4 open, 4 closed) were reviewed. BCF has a consistent practice of full completion of the needs assessment on the day of intake. All needs assessments were completed by Program Executive Director; Bachelors level employee and all were signed by him as well. In addition, the initial assessment was completed and was also reviewed and signed by a supervisor. There was 1 youth identified at elevated risk of suicide as a result of assessments. This youth was referred to a Licensed Mental Health Clinician on the day of the suicide risk assessment. Agency also followed up with the parent 5 days after the referral. There are some areas in the Needs Assessment that are not completed but the information needed is reflected elsewhere in the file. In addition, there are places in the needs assessment form that had information written that was not applicable to the client named in the file. It appears the staff are re-copying the needs assessment and the original had a medication listed in the section that asks if youth are taking medications. The answer was "no" in 2 of the files and documented as such in



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the youth's file; however, staff left the listed medication on the form and did not cross it out.

Exceptions:

No exceptions are documented for this indicator.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy QA 2.03 for Service Plans that was last reviewed and signed by the agency Executive Director on May 29, 2019.

Service plans are required to be completed within 7 days following completion of the needs assessment. In most cases it is BCF's goal to complete both needs assessment and plan of service at the initial face to face assessment. If not, a 2nd appointment is scheduled with family within 7 days. The BCF service plan is completed at the 1st or 2nd visit with the family, and represents a consensus with parent and client regarding needs/issues; goals/objectives; services; responsible parties; and time frames.

Documents reviewed to check this indicator were: File Checklist and TIPS Plan of Service. A total of 8 youth files were reviewed, 4 open and 4 closed. All case plans with the exception of one included the following elements: service type/frequency and location (when applicable), persons responsible, target dates for completion, actual completion dates, youth signature, parent signature, counselor signature, supervisor signature and date plan was initiated. One (1) file did not contain signatures from the youth, parent/guardian, supervisor, staff or date of implementation.

Treatment/case plans were additionally neatly organized and easy to follow. Plans were also reviewed by counselor parent and youth at 30, 60 and 90 day intervals (when applicable). Agency maintains a binder that contains all 30 and 60 day follow ups. Binder was neatly organized and reflected all follow ups needed for applicable clients. In one of the 8 files there was one 60 day case review that was completed in 70 days. In this case, there was documentation to reflect the client had consistently been unresponsive to Navigator which resulted in client not being able to review case plan at designated 60-day mark.

Exception:

No exceptions are documented for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed



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Rating Narrative

The program has a policy QA 2.04 for Case Management and Service Delivery that was last reviewed by the agency Executive Director on May 29, 2019.

The BCF counselor/case managers are responsible for monitoring and implementation of the Plan of Service. Every 30 calendar days, a plan of service review should be completed to determine progress in achieving goals and for making any necessary revisions to the Plan of Service Agreement, if needed. Although a “Plan of Service Review” (PSR) can be completed with client only, BCF’s goal is to involve parents in the plan review process. A last resort is to complete a desk PSR, using file documentation of service as progress towards goals. Service plan implementation is a case management process that is ongoing from intake assessment through discharge. All case note entries must be recorded in the Session Log including contact date, location of contact, contact/activity type, and activity results. Also, all no shows for services, including counseling sessions and/or classes should be documented in the Activity Results Sections. Plan of service reviews should be completed every 30 days with the client, but preferably with the client and parent. Any changes with plan, including goals for service should be recorded in case notes. Summary of service discharge is completed by case manager as a part of discharge detailing summary of all sessions, individually family and groups and progress/achievement of goals. Any after care plans/services should be outlined. Referrals should be identified on referrals for services form. At discharge NETMIS services received and youth program log should be completed.

Documents reviewed to check this indicator: Agency Referral Form, External Agency Referral Forms, Needs Assessment, Therapist Notes, and Chronological Notes. A total of 8 files were reviewed for this indicator, 4 open and 4 closed. All files had a counselor assigned and referrals were made based on needs identified in the needs assessment. In all files there was evidence of the program navigator coordinating service plan implementation, providing support for family and monitoring youth/family’s progress in services. In all files reviewed no youth had out of home placements or court orders. Two Navigators were interviewed for this indicator regarding the type of support provided to families. Support was described as: conducting visits to the family within the community, after hour accessibility, and check in phone calls. No files reviewed were for Case Staffing. One of the eight files had court involvement in which agency Navigator attended with family/ youth. In all files reviewed there were no referrals to case staffing. For all closed files there were 30 and 60 day follow ups that were completed on time where applicable.

Exception:

No exceptions are documented for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed



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Rating Narrative

The program has a policy QA 2.05 for Mental Health and Substance Abuse Counseling Services that was last reviewed by the agency Executive Director on May 29, 2019.

All CINS/FINS clients are screened for substance abuse and suicide risk at intake and referred for substance abuse, mental health treatment if warranted. This referral is completed within 5 days of identification of need. For all clients screened if they answer yes for drug or alcohol use and/or yes to at least 1 of the 6 Risk questions client is referred to 1 of three in-house therapists or out-patient community agencies for MH/SA assessment/counseling.

A total of 8 youth files were reviewed, 4 open and 4 closed. All needs identified in the needs assessment and case service plan were addressed. There are case notes for services provided in the file and youth and families received counseling based on services identified in the needs assessments. Currently, mental health counseling is provided by a licensed mental health clinician. Group counseling for varying topics are also provided on a weekly basis according to the need identified. Groups offered to the program clients are: Active Parenting, Why Try, Anger Management, Female Life Skills, and Manhood Development Classes. All groups occurring are at least one hour, with a leader, clear and relevant topic and opportunity for engagement.

Exception:

No exceptions are documented for this indicator.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has a policy QA 2.06 titled CINS Petition Process-Case Staffing Committee which was signed and revised by the Executive Director on May 2, 2017. This policy was reviewed by the Executive Director on May 29, 2019.

BCF has a written interagency agreement with Family Resources, another CINS/FINS provider in Circuit 6, to coordinate services, including arrangement for the foundation to utilize the Family Resources Case Staffing Committee. The policy includes content that describes the agency's process for clients that are eligible for court related CINS/FINS status sessions and proceedings. The policy states a case staffing committee meeting will be scheduled and utilized to assist with the progress of families and youth needing additional guidance of their case. A case staffing committee is convened within seven days from receipt of the parent or guardian request. The program has general procedures for addressing issues related to the CINS/FINS clients that are participating in the Adjudication and Petition process. The program requires that all clients with court



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ordered circumstances that involve adjudication or petition be addressed by a designated Bethel Community Foundation (BCF) personnel in case staffing or court meetings. The procedures involved staff attending required case staffing meetings, adjudication proceedings and petitions hearings.

The program provided examples of youth files containing past case staffing for the last six months. The program has a process for adjudication and petition. A review of three randomly chosen youth files, two open and one closed, confirmed a practice of the adjudication and petition process. The program staffing committee meetings are scheduled to review the case of youth and families that the program has determined to have a need for additional services in treatment. The committee meetings are being scheduled within seven (7) days after receiving a written request by the client's parents and family. The parent did not initiate the staffing in these cases. The cases reviewed include evidence that the person initiated the case was the local judge for truancy court. In all three cases, each client was found to have a significant amount of truancy days which resulted in them being in truancy court. A review of the three cases indicate that all have evidence that the notification of the family was provided to them no less than five (5) working days prior to the staffing meeting. In addition, in one out of three cases reviewed documentation was provided that notification was provided to the committee no less than 5 working days prior to the staffing meeting. These notifications are completed by Family Resources per the interagency agreement. Cases reviewed include evidence that representatives from the school district, Department of Juvenile Justice, local State Attorney's Office, local mental health, and others participated as needed. There was no evidence to support active participation of a law-enforcement official and a Department of Children and Families representative. The program had documented evidence that the youth and family are provided an updated or revised plan of services following a case staffing meeting, as reflected within the youth's case notes. Additionally, a written report is provided to the family within seven days of the case staffing meeting. This was done on the same day of the case staffing meeting. The written report includes outlined recommendations and justification for the recommendations. These cases were specifically initiated by the judge and involved the Circuit Court for judicial intervention for the family. The case manager and/or counselor completed a review and summary prior to the court proceeding. Case staffing meetings occurred on the third Wednesday of every month.

Exception:

No exceptions were found for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy QA 2.07 for Youth Record that was last reviewed by the agency Executive Director on May 29, 2019.

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All client files are organized using a checklist that designates specific documents as to left/right sides for filing. Files are maintained behind 2 locked rooms with locked cabinets. Opaque file boxes are provided for any authorized staff use of files outside the office. Whenever files are transported in the field for case management, including home/school visits, case staffing and or court hearings, BCF requires the transport of the client files in an issued locked opaque metal box to limit exposure and/or loss and minimize agency liability and risk.

A total of 8 files (4 open, 4 closed) were reviewed for this indicator. All files were stamped with a confidential sticker. File room is located in the very last office within the program offices section of the building. Files are located behind more than two locked doors and all filing cabinets have locks. Each agency navigator has an opaque box that is utilized while offsite to transport youth files. Boxes are also locked and labeled confidential. Each Navigator has 2 boxes: one smaller that is used for court.

Exception:

No exceptions are documented for this indicator.

2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency implemented Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) policy QA 2.08 effective 5/28/2019 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. The policy and procedure was approved by the Executive Director.

Per the agency's procedures:

1. Youth will be addressed by their preferred name and gender pronouns.
2. All staff and service providers will have knowledge of Bethel's policy 2.08
3. In group sessions, a restorative practices approach is used to reconcile any issues regarding treatment and or lack of respect or youth who present differently
4. The program will have posters and wall signs with inclusionary messages to greet clients and families who enter the lobby and common areas
5. All staff are required to complete the following trainings during the first 120 days of employment: Serving LGBT Youth in Care 201, and Cultural Competency for LGBTQ Youth webinar-Part 1

A review of policy QA 2.08 revealed there are some additional requirements of the indicator that are not currently addressed in the agency's policy such as:

- 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.



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- All staff, service providers, and volunteers 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.
- 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)
- All staff, service providers, and volunteers 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
- If youth are in need of specialized support or services relative to their sexual orientation, gender identity, or gender expression, the service provider is required to refer these youth to services, or request assistance from the Florida Network in identifying qualified resources and providers

During a tour of the facility, LGBTQ posters were posted in the lobby as well as staff offices and other common areas indicating that all youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression. The publication "I Provide Safety Support and Respect" booklet was accessible in the administration office and can be provided as need for youth/families.

The program did not serve any youth who met the criteria for the indicator; therefore, the reviewer was not able to assess practice with regards to youth preferences and case planning. Documentation maintained in the training files of the new staff supported the staff received training in Serving LGBT Youth in Care 201 and Cultural Competency for LGBTQ Youth webinar-Part. All staff, with the exception of the two contracted providers, were informed of the FN policies and procedures during a staff meeting held May 10, 2019 in which Indicator 2.08 referencing FN policy #5.08 was reviewed. A future training will be held to include the two contracted providers and onboarding new staff.

Exception:

No exceptions are documented for this indicator.

Standard 3: Shelter Care and Special Populations

Overview

Rating Narrative

3.07 Special Populations

Satisfactory

Limited

Failed

Not Applicable

Per their Executive Director, Bethel Community Foundation is not contracted to provide services to special populations including youth meeting the criteria for FYRAC. Consequently, indicator 3.07 is rated as not applicable.