



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

Review of Bethel Community Foundation

on 05/08/2017

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Limited
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	No Rating
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 66.67%  
Percent of indicators rated Limited: 33.33%  
Percent of indicators rated Failed: 0.00%

### Standard 2: Intervention and Case Management

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

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

Percent of indicators rated Satisfactory: 84.62%  
Percent of indicators rated Limited: 15.38%  
Percent of indicators rated Failed: 0.00%

### Rating Definitions

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

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

### Review Team

#### Members

**Keith Carr, Lead Reviewer, Forefront/FNYFS**

**Felicia Goldstein, Regional Monitor, Department of Juvenile Justice**

**Cara Dixon-Taliaferro, Licensed Mental Health Counselor/Case Manager, Thaise Educational & Exposure Tours**

**Persons Interviewed**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director              | <input type="checkbox"/> Program Manager         |
| <input type="checkbox"/> Program Coordinator     | <input type="checkbox"/> Direct- Care Full time        | <input type="checkbox"/> Direct-Care Part Time   |
| <input type="checkbox"/> Direct-Care On- Call    | <input type="checkbox"/> Volunteer                     | <input type="checkbox"/> Intern                  |
| <input type="checkbox"/> Clinical Director       | <input type="checkbox"/> Counselor Licensed            | <input type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate                      | <input type="checkbox"/> Human Resources         |
| <input type="checkbox"/> Nurse                   |  |  |
| 2 Case Managers                                  | 0 Maintenance Personnel                                | 0 Clinical Staff                                 |
| 1 Program Supervisors                            | 0 Food Service Personnel                               | 1 Other  |
| 0 Health Care Staff                              |  |  |

**Documents Reviewed**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports                        | <input type="checkbox"/> Fire Prevention Plan             | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs            |
| <input type="checkbox"/> CCC Reports                                  | <input type="checkbox"/> Key Control Log                  | <input checked="" type="checkbox"/> Youth Handbook  |
| <input type="checkbox"/> Logbooks                                     | <input type="checkbox"/> Fire Drill Log                   | 0 # Health Records                                  |
| <input type="checkbox"/> Continuity of Operation Plan                 | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records                                   |
| <input checked="" type="checkbox"/> Contract Monitoring Reports       | <input type="checkbox"/> Table of Organization            | 10 # Personnel Records                              |
| <input checked="" type="checkbox"/> Contract Scope of Services        | <input type="checkbox"/> Precautionary Observation Logs   | 10 # Training Records                               |
| <input type="checkbox"/> Egress Plans                                 | <input type="checkbox"/> Program Schedules                | 2 # Youth Records (Closed)                          |
| <input type="checkbox"/> Fire Inspection Report                       | <input type="checkbox"/> Telephone Logs                   | 3 # Youth Records (Open)                            |
| <input type="checkbox"/> Exposure Control Plan                        | <input type="checkbox"/> Supplemental Contracts           | 0 # Other   |

**Surveys**

0 Youth                      3 Direct Care Staff

**Observations During Review**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Intake              | <input type="checkbox"/> Posting of Abuse Hotline         | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Program Activities             | <input type="checkbox"/> Tool Inventory and Storage       | <input type="checkbox"/> Facility and Grounds       |
| <input type="checkbox"/> Recreation                     | <input type="checkbox"/> Toxic Item Inventory and Storage | <input type="checkbox"/> First Aid Kit(s)           |
| <input type="checkbox"/> Searches                       | <input type="checkbox"/> Discharge                        | <input type="checkbox"/> Group                      |
| <input type="checkbox"/> Security Video Tapes           | <input type="checkbox"/> Treatment Team Meetings          | <input type="checkbox"/> Meals                      |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts        |   |
| <input type="checkbox"/> Medication Administration      | <input type="checkbox"/> Staff Interactions with Youth    |   |

**Comments**

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

Rating Narrative

## Strengths and Innovative Approaches

### Rating Narrative

Bethel Community Foundation (BCF) operates four (4) programs from the St. Petersburg location: 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. For the Pre-School, Coordinated Child Care Scholarships are available.

The TIPS program, funded in 2011 through Pinellas County's Juvenile Welfare Board Children's Services Council, is now completing the seventh year of services to youth that skip school and 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 truant referrals of 90 youth was the biggest contributor to the 69 (43%) truant eligible youth enrolled in the total of 160 CINS/FINS youth served for YR "16-17".

This year for the first time, Bethel is maintaining supervision and case management responsibility for Truancy Court cases that result in case staffings, including filing CINS petitions. The residential CINS/FINS provider, Family Resources, has transitioned these responsibilities to Bethel and our staff has been trained by the DJJ Attorney re: filing CINS petitions.

Beginning school year "16 -17", Bethel executed a written legal agreement with Pinellas County School schools, approved by the Board Attorney, that allows their staff on line access to student records.

The BCF agency provides vital support services that continue to include anger management, female life skills, manhood development, parent/youth family training, mentoring, parent coaching, mental health assessments, and individual/family counseling offered by three (3) licensed therapists (LCSW-1, LMHC-2) and one (1) PHD counselor. 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. For FY 16-17, staff provided 182 hours of WHY TRY Female Life Skills classes, 351 hours of WHY TRY Manhood Development classes and 876 hours of Anger Management training for youth and parents.

The agency's mentoring component delivered by the two (2) BCF Navigators continues to use the WHY TRY Visual Analogies in their mentoring activities during weekly school visits. Of particular note is the positive reception and relationship connection achieved with use of the visual analogies in the one-to-one mentoring sessions with students.

## Standard 1: Management Accountability

### Overview

#### Narrative

Bethel Community Foundation's non-residential CINS/FINS program is staffed by one Executive Director, 2 Administrative Assistants, one Clerk, 2 Navigators, 3 Therapists and one Family Counselor.

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 member was background screened and hired during this review period. There were two applicable 5-year re-screenings for the review period.

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 FN and local providers.

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities. Outreach activities are entered into NetMIS.

#### 1.01 Background Screening

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a written policy and procedure to ensure that all employees have been properly screened according to Florida Statutes and the Bethel Community Foundation.

The program's procedure requires all applicants (staff and volunteers) to complete a criminal history background screening to ensure they are not a danger to youth. All employees and volunteers must have an eligible background screening completed through the Department of Juvenile Justice (DJJ) prior to their date of hire and a re-screening must be completed every five years thereafter. The program must wait for a completed background screening before hiring staff in any type of status. 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.

Additionally, the policy and procedure indicates employees who have been arrested for any criminal offense are to make a report of their arrest to their immediate supervisor within three working days of the event.

At the time of this review the program has a total of six program staff and four contracted staff. The program has current contracts with two licensed mental health clinicians, one licensed clinical social worker and one registered clinical social work intern with a doctorate degree in Christian counseling. Five of the six program staff were hired prior to this annual year and they were also not due for a five-year rescreening. One staff was hired within this last annual year and a review of their personnel file shows their background screening was completed prior to the date of hire. None of the four contracted staff were hired within this annual review year. Two contracted staff were applicable for a five-year rescreening and neither of the screenings were completed by the time of the hire date anniversary. One of the two staff have since left the program and the remaining staff had their last background screening completed in 2012; however, the five-year anniversary date was January 2017. The Annual Affidavit of Compliance with Good Moral Character Standards form was completed by the program and sent to the DJJ Background Screening Unit on January 31, 2017.

**Exception:**

Two contracted staff were applicable for a five-year rescreening and screening was completed by the time of the hire date anniversary. One of the two staff have since left the program and the remaining staff had their last background screening completed in 2012; however, the five-year anniversary date was January 2017.

**1.02 Provision of an Abuse Free Environment**

Satisfactory                       Limited                       Failed

Rating Narrative

The program has a policy and procedure to address the provision of a safe and secure environment to protect all youth and families. The program strives to create an atmosphere of mutual respect and dignity for staff, youth and parents. The procedures describe the process for child abuse reporting, staff conduct and grievance reporting. The procedures currently list an incorrect Florida Abuse Hotline number; however, the correct number is listed on all orientation documentation provided to the youth and family.

To ensure orderly operations and provide the best possible work environment, the program expects employees to follow rules of conduct that will protect the interests and safety of all employees, the church, school and foundation. Each employee manual provides a list of infraction examples which would violate the code of conduct. The program requires that all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline. The policy and procedure indicates 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 at the foundation. A written grievance process is provided to clients at the time of intake.

All staff are required to review the program's policy and procedures as a part of new hire training. A review of all personnel files confirmed their training in this topic. The program has had no incidents involving abuse in this annual review period. At orientation both youth and parent/guardian are given a Client Safety Agreement form which informs them of their right to contact the Florida Abuse Hotline and the appropriate numbers to call. The program indicates they have not had any staff disciplined for violating the code of conduct within this review cycle. During intake, the youth and parent/guardian is provided a copy of the grievance procedure which informs them to submit a written grievance to any program staff if they have complaints or problems concerning the manner in which they are being served. The program has not had any grievances submitted within the last six months.

**Exception:**

The procedures currently list an incorrect Florida Abuse Hotline number; however, the correct number is listed on all orientation documentation provided to the youth and family.

**1.03 Incident Reporting**

Satisfactory                       Limited                       Failed

Rating Narrative

The program has a policy and procedure addressing the requirements of incident reporting and notifications to all required parties. The program's policy indicates they are to comply with requirements and procedures outlined in Department policy and Florida Administrative Code.

Written procedures for incident reporting indicate the program will comply with requirements and

procedures outlined in Department policy and Florida Administrative Code. Procedures include reporting a qualifying incident to the Department's incident report hotline within two hours of the incident or within two hours of staff becoming aware of the incident. The procedures outline all incidents reportable for CINS/FINS services. Reportable incident types include but are not limited to: program disruption, medical incidents, mental health and substance abuse incidents, complaints against staff incidents, and youth behavior incidents.

The program had zero reportable incidents during the scope of this review.

No exceptions were documented for this indicator.

#### 1.04 Training Requirements

Satisfactory

Limited

Failed

##### Rating Narrative

The program has a policy and procedure addressing the training of all staff.

The program's procedure indicates all new staff shall have a minimum of eighty hours of training completed within the first 120 days of employment and twenty-four hours each following year.

Only one staff was hired within this annual review cycle and still within their first 120 days of employment. As of this review this staff person has completed a total of eight-three hours of training in fourteen of eighteen required topics. A review of training documentation revealed the following training topics have not yet been provided: Ethics (Civil Rights, EEO and Sexual Harassment), Prison Rape Elimination Act (PREA), Serving LGBTQ youth, and Cultural Humility.

Three program staff and four contracted staff were eligible for annual training requirements. A review of these seven training files revealed all but one staff person completed twenty-four hours of training prior to the end of the 2015/2016 fiscal year. One contracted staff member only completed twenty and a half hours of training. All seven staff files were missing documented training in suicide prevention. One staff did not have current Cardio Pulmonary Resuscitation (CPR) certification and two staff were missing active certifications in first aid. One of the two staff missing first aid is scheduled to receive it within the next seven days. Four of the seven staff did not have fire safety during this training cycle or within two years prior and six of the seven staff were not in compliance with the required training in the Prison Rape Elimination Act (PREA).

##### Exception:

A review of seven training records revealed all but one staff person completed twenty-four hours of training prior to the end of the 2015/2016 fiscal year. One contracted staff member only completed twenty and a half hours of training. All seven staff were missing training in suicide prevention. One staff did not have current Cardio Pulmonary Resuscitation certification and two staff were missing active certifications in first aid. One of the two staff missing first aid is scheduled to receive it within the next seven days. Four of the seven staff did not have fire safety during this training cycle or within two years prior and six of the seven staff were not in compliance with the required training in the Prison Rape Elimination Act (PREA).

#### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy called Analyzing and Reporting Information. The policy was last reviewed and updated on May 5, 2017 and signed by the agency's Executive Director. 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 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 agency policy also focuses on a case file Audit process that is conducted on a monthly basis with randomly selected case of Navigators to identify case management trends and program service areas that may require improvement. The agency requires navigators to use 2 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 data form and the CINS/FINS Audit Report-Case File review form. In general 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.

In addition, the agency reviews data extract reports provided by the Florida Network of Youth and Family Services (FNYFS). The FNYFS captures data elements from every client screened eligible and serviced by the agency. Each client place is placed in the Florida Network of Youth and Family Services Network Management Information System (NETMIS) for contract monitoring purposes. The NETMIS captures categories of data that include 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 reviewer assigned to this indicator assessed evidence of NetMIS data. The agency provided recent NetMIS data extract information. The data that the program assessed includes the NetMIS contract monitoring Report for the March 2017. The agency also provided data related to their performance through a FNYFS Report Card. 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 agency's Executive Director also conducts monthly and quarterly reviews of its performance and risk data with Navigators that provide direct care service to non-residential clients. Data reports used by the agency at the highest rate include the FNYFS NETMIS data extracts.

No exceptions were documented for this indicator.

**1.06 Client Transportation**

Satisfactory                       Limited                       Failed

Rating Narrative

**1.07 Outreach Services**

Satisfactory                       Limited                       Failed

Rating Narrative

The agency has an outreach policy. The current policy is called Outreach Services. The policy was

developed in March 2009. The policy was last reviewed and signed by the agency Executive Director on May 2, 2017. The current policy requires the agency to have a minimum of 60% of all client served reside in a high crime zip code. The policy states that agency aims to meet this goal by focusing its outreach and marketing of its services in zip codes that include 33712, 33705 and 33711.

The agency collaborates with multiple local service providers to form working partnerships that assist the clients deemed eligible to receive CINS/FINS services. The agency places a large degree of outreach activity on outings it conducts through its presence in the community. The agency has a strategy to develop relationships with other system and community partners. The partners they seek to engage partnerships with include faith-based organizations, community grass roots organizations, schools, community centers, mental health and substance abuse agencies and other related community based entities and local community improvement efforts and organizations.

The agency is directly affiliated and co-located on the same property with the Bethel Community Church. The agency provided evidence of attending and conducting outreach events through its participation in the Faith Action for Strength Together (FAST). FAST is a local faith-based organization. The agency provided additional examples of the outreach events that included the Pinellas County Juvenile Justice Citizens Academy (JJCA), St. Petersburg Police Department, Sheriff's Office, Juvenile Welfare Board, Pinellas County School Board and other local faith-based organizations. The agency's Truancy Intervention Program (TIP) is a unique service. The program includes partnerships with local municipalities such as the St. Petersburg Police Department (SPD) and the Pinellas County Sheriff's Department. The agency has an active TIP program. While onsite the review team observed a SPD patrol car dropping off a youth to the agency's TIP program. An interview of one of the officers resulted in the officer reporting that the TIP provides a real-time option for officers to be able to utilize that gets truant youth off the streets and back on the path of return to school.

The agency also have outreach events completed and documented in a month event and calendar log. The events list where the agency has presented and or attended meetings that provided it an opportunity to inform, promote and market its services and the clients it is looking to serve. The agency provided a general listing of events documented over the last six months. The agency also markets its programs to the members of the church congregation that it is the agency's parent entity.

No exceptions were documented for this indicator.

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

### **Overview**

#### Rating Narrative

Bethel Community Foundation is contracted with the Florida Network of Youth and Families to provide non-residential 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 consists of the three (3) licensed therapists, one (1) counselor and two navigators who are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

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.

During the QI review, 5 client files were reviewed (3 open and 2 closed cases).

### **2.01 Screening and Intake**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a policy that meets the requirements for this indicator and was last reviewed by this agency's executive director on 05/05/17.

Their policy states that Initial eligibility screening begins for all referred youth within 7 days of youth referral to BCF CINS/FINS. Needs assessment is initiated at the first face-to-face intake visit and completed by the second assessment visit.

Initial screening is to be done by staff by phone or in person with parent or referral source with goal of determining if youth meets criteria or eligibility for CINS/FINS. Eligibility criteria is met when client has any of the following issues: family, school, substance abuse, pre-delinquent behavior.

All five files (three open and two closed) met criteria for having eligible screening days within 7 calendar days. All 5 client files contained evidence that the youth and/or parents/guardian received documentation of service options, rights and responsibilities and all brochures. This was noted on all 5 CINS/FINS acknowledgment forms. All files reviewed had evidence that the youth and parent/guardians received notification of the agency Grievance procedures.

No exceptions were documented for this indicator.

### **2.02 Needs Assessment**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a detailed policy on the execution of Needs Assessments titled Screening- Intake and Needs Assessment.

The screener schedules an intake appointment with Intake Specialist/Program Coordinator based on available appointment opening and the urgency of need for service.

The reviewer selected a combination of five (5) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All client files met the criteria for initiating a needs assessment within the appropriate timeframe.
- Documentation of a completed Needs Assessments was confirmed and completed in less than the 2/3 day face-to-face contacts. All Needs Assessments were completed during the initial Intake session.
- Each case is assigned to a Masters or Bachelors level staff member who does the needs assessment and manages the case.
- All signatures were located on Needs Assessment documents.
- When applicable, all youth with self-harm or suicide ideation background histories were noted on needs assessment document. One youth had indications of mental health risk factors. Referral was made but Parent and family did not comply. Subsequently, case was closed.

**Exception:**

Written policy fails to indicate that assessment is completed by Bachelors or Masters level staff.

### 2.03 Case/Service Plan

Satisfactory                       Limited                       Failed

Rating Narrative

The agency has a detailed policy on the execution of the Case Service Plan titled Service Plans. The policy was last reviewed by the program director on 05/05/17. Policy states that 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 second appointment is scheduled with family within 7 days.

During the assessment, youth and family needs are assessed, along with assessment for risk factors including substance abuse, mental health issues, family needs, academic issues or social issues in the family. Goals and service plan is created and is based on information gathered during initial screening, intake and assessment. Procedure also indicates that the 30-day update or review of the treatment plan is completed with the client or parent when possible.

Five files were reviewed. Each found to be compliant with this Indicator. However, 2 out of 5 files reviewed show inconsistencies in documentation of 30-day service plan reviews. While service plans are reviewed within the 30-day period in all 5 files, the documentation is not consistent between the case notes and the service plan form. It is also noted that parent or client signatures are not included as documentation that the plan was reviewed with them. Inclusion of signatures would enhance best practice.

**Exception:**

In 2 out of the 5 cases reviewed, service plan review documentation were not consistent. Service plan review dates were either not indicated on the service plan or not documented in the case notes.

### 2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy on the execution of its Case Management and Service Delivery component titled Case Management and Service Delivery. Policy states BCF Case Managers are responsible for monitoring and the implementation of plan of service.

Procedure includes maintaining progress notes, session log, service plan reviews and summary of service discharge/after care plan. Procedure also includes making referrals to community agencies and services.

Five files were reviewed for compliance of this Indicator. All cases reflected compliance. One case had to close without completing the treatment plan following diligent documented attempts of case manager to make contact, monitor and follow-up with referrals. Another case had to close without completing treatment plan due to client non-compliance. Case manager documented thorough effort to encourage client and client's family to comply with treatment plan. One case ended up in Child Protection Agency supervision and placement of client in a shelter. Case Manager was meticulous in coordinating service and monitoring out-of-home placement.

No exceptions were documented for this indicator.

### 2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy on Counseling Services titled Mental Health and Substance Abuse Counseling Service. This policy was reviewed by the program executive director 05/05/17. Policy states that all CINS/FINS clients are screened for substance abuse and suicide risks at intake and referred for substance abuse/mental health treatment if warranted. This referral is completed within 5 days of identification of need.

Agency provides mental health counseling by licensed mental health counselors contracted with the program. Agency also provides group counseling and agency referrals to partnering agencies for substance abuse and mental health counseling.

Five files were reviewed. In 2 out of 5 cases reviewed, mental health counseling was appropriately prescribed. Counseling service not received in both cases resulted in premature case closure. One closed due to non-compliance with program treatment plan and the other closed due to loss of contact. In both cases, there were indications that the parents were overwhelmed with stress and mental health issues.

No exceptions were documented for this indicator.

### 2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy called Adjudication and Petition Process. The policy was last reviewed and signed by the agency Executive Director on May 2, 2017. The policy includes content that describes the agency's process for clients that are eligible for court related CINS/FINS status sessions and proceedings. In general, a review of the policy indicates that the policy addresses and meets the general requirements of the indicator.

The agency has general procedures for addressing issues related to the CINS/FINS clients that are participating in the Adjudication and Petition process. The agency requires that all clients with court-ordered circumstances that involve adjudication or petition be addressed by a designated BCF personnel in case staffing or court meetings. The procedures involved staff attending required case staffing meetings, adjudication proceedings and petitions hearings.

The agency provided examples of past case staffings for the last six months. The agency has a process for adjudication and petition. The agency provided a total of three (3) samples of their adjudication and petition clients. These cases occur between November 2016 to present.

The agency staff 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 clients 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. In all three cases, each client was found to have 80 or more truancy days which resulted in them being in truancy court.

A review of the cases indicate that all 3 cases 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, notification to the committee was also provided no less than 5 working days prior to the staffing meeting. Cases reviewed include evidence that representatives from the school district, DJJ, State Attorneys Office, local mental health, law-enforcement, DCF, and others as needed. The agency had documented evidence that the youth and family are provided an updated or revised plan of services following a case staffing meeting.

In addition, a written report is provided to the family within 7 days of the case staffing meeting. This was usually found to be done on the same day of the case staffing meeting and prior to 3 or less days following 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.

No exceptions were documented for this indicator.

## 2.07 Youth Records

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a policy called Youth Records. The policy was last reviewed and signed by the agency Executive Director on May 2, 2017. The policy includes content that describes the agency's process ensuring that clients have a file that is assigned to each youth serviced by the program. A review of the policy indicates that the policy addresses and meets the general requirements of the Youth Records indicator.

The agency has specified procedures that require it to maintain an official case file on each youth that has been deemed eligible to receive services. The actions require a file to be created when a youth meets eligibility requirements and is accepted in to the program. The agency's administrative staff then create a client file. Each client file is a multiple panel file folder that is stamped confidential on the outside of the file. All files are required to be kept in a separate file room in locked metal cabinets. The BCF staff are the only persons that are permitted to have access to the files. The outside of the door that houses the files must also post a notice sign that states confidential.

A total of eight 8 records were evaluated on site to determine if they meet the basic requirements of the standard. All records reviewed on site were consistently marked confidential. The records are also organized in the same type of client files and were generally in order. The format of the file was easy to follow across the entire client file sample. All client files are kept and maintained in a separate client file room located on one end of the building. The room has a confidential sign and each metal cabinet is also marked confidential. Only BCF staff members are permitted to access these client files. The agency provided evidence of market containers that each Navigator must use if they need to utilize client files in the field, school, court or outside of the office in general.

No exceptions were documented for this indicator.

## Standard 3: Shelter Care

### Overview

[Rating Narrative](#)

#### 3.01 Shelter Environment

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 3.02 Program Orientation

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 3.03 Youth Room Assignment

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 3.04 Log Books

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 3.05 Behavior Management Strategies

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 3.06 Staffing and Youth Supervision

Satisfactory                       Limited                       Failed

Rating Narrative

### 3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

### 3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

## Standard 4: Mental Health/Health Services

### Overview

[Rating Narrative](#)

#### 4.01 Healthcare Admission Screening

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 4.02 Suicide Prevention

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 4.03 Medications

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 4.04 Medical/Mental Health Alert Process

Satisfactory                       Limited                       Failed

[Rating Narrative](#)

#### 4.05 Episodic/Emergency Care

Satisfactory                       Limited                       Failed

[Rating Narrative](#)