



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Bethel Community Foundation Non-Residential Program
on June 28, 2016

Compliance Monitoring Services Provided by





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	No rating
1.07 Outreach Services	No rating

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

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

Overall Rating Summary

Percent of indicators rated Satisfactory: **100%**
 Percent of indicators rated Limited: 0.00%
 Percent of indicators rated Failed: 0.00%

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.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

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.
-------------------	---

Review Team

Members

Keith Carr, Lead Reviewer, Principal Consultant-Forefront LLC



Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management—which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

Persons Interviewed

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

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>0</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>10</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>7</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>1</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

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

Observations During Review

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



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

Strengths and Innovative Approaches

Rating Narrative

Bethel Community Foundation (BCF) operates four (4) programs from its 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-12 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 McKay and Step-up for students. For the Pre-School, Coordinated Child Care Scholarships are available. Mr. James 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 sixth year of services to youth that skip school and are picked up by police officers. On arrival at BCF, youth undergo a comprehensive screening and assessment including substance abuse and suicide risk screenings. Law enforcement officer truant referrals totaled 117 amounted to 68 (45%) of 150 CINS/FINS program eligible enrollees for FY 15-16.

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 now by three (3) licensed therapists (LCSW-1, LMHC-2) and one (1) PHD counselor. Counseling and life skills classes are on Monday – Thursday until 8:00pm. The newest class, family training for pre-teens, titled: "Building a Positive Identity" was developed to work with parents/grandparents of children ages six through eleven who are experiencing non-compliant behaviors at school and home.

Gender specific classes, including Manhood Development and Female Life Skills are now using the evidenced based "Why Try" curriculum. Five (5) staff including the Program Director, two (2) Truancy Navigators and two (2) counselors have completed a combined ninety (93) hours of "Why Try" training. Implementation of training in BCF CINS/FINS components is outlined below.

Effective the week of April 2016, the Why Try Program was fully integrated as the foundation for our gender specific life skills classes, including Manhood Development and Female Life skills. The ten (10) Visual Analogies have been packaged to provide eight (8) 90-minute instructional units for the 12-hour evening classes. The Why Try



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

gender classes are being taught by our CINS/FINS Truancy Navigators, Ms. Shaw and Mr. Riggins.

The BCF agency has a mentoring program. BCF Navigators use 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 meetings with students. BCF also delivers Anger Management classes. The instructor for Anger Management, Zaneta Ellison, LMHC has only recently been trained with “Why Try” and BCF is currently developing plans for incorporating “Why Try” strategies in their joint parent/youth anger management training.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

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. Two members were background screened and hired during 2015. There were no 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 detailed policy on Background Screening that list the measures and process taken by the agency to meet the requirements of the Background Screening indicator. The provider has a policy that includes verification of the driver’s license status for all new hires. Level 2 background screening is mandatory for employees and volunteers working with direct access to client information and youth. The agency’s policy also includes 5-year re-screenings for staff every 5 years from the original hire date.

At the time of this on-site QI program review, the CINS/FINS program is currently staffed by ten (10) staff including one Executive Director, 2 Administrative Assistants, one Clerk, 2 Navigators, 3 Therapists and one Family Counselor. Two staff were hired during 2015. Both were background screened and cleared before the date of hire.

The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit prior to the January 31, 2016 due date.

Exceptions

No exceptions noted in the indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

The program has a detailed policy that lists the measures and process taken by the agency to meet the requirements of the Provision of An Abuse Free Environment Indicator. The provider has a policy that includes the employee handbook; Code of Conduct; Abuse Reporting; Grievances and Incident Reporting.

The program maintains a written protocol for reporting abuse and incidents in which all staff are trained on during their initial new employee orientation. The Abuse Hotline number, rights and responsibilities, and grievance procedures are provided in writing to all employees and staff persons during their initial training.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

There was one recorded grievance against a staff member by a client's mother within the fiscal year. The grievance was recorded and fully investigated. The mother did withdraw the client from the program. Discipline of three-day suspension without pay was put into place against the employee involved. Documentations of investigation were provided.

Exceptions

No exceptions noted in the indicator.

1.03 Incident Reporting

Satisfactory Limited Failed Not Applicable

Rating Narrative

The agency has a policy on Incident Reporting that lists the measures and process taken by the agency to meet the general requirements of the Incident Reporting Indicator.

A review of the current policy was conducted on site. The agency has a policy that includes written procedures to address the steps required to officially contact the DJJ CCC with incidents that meet the reporting requirements. The policy does meet the general requirement of the indicator for DJJ CCC Incident Reporting.

The agency did report one incident that was filed with DJJ CCC (#201506753). The incident was according to the grievance that was filed with the program. It was falsification violation of policy rules. Agency investigation was unable to completely substantiate parent's complaint. CCC protocol was met in process.

Exceptions

No exceptions are noted for this indicator.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative

The agency has policies and procedures in place to address the training requirements for all staff members of the CINS/FINS program. The current policy requires that all staff



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

members complete a total of eighty (80) training hours for new hires and twenty-four (24) hours for on-going staff members. The policy requires that the agency include all of the mandatory and recommended topics for first year and on-going employees/contractors.

An individual training file is in place for all staff members. The file includes documentation of a full training log record by the staff member's training year. The training files includes a general training plan and training log.

The agency has records of all completed trainings in each member file. Seven of the ten staff members' training files reviewed exceeded the minimum of twenty-four hours for non-residential programs. One administrative ongoing staff member met the non-residential training requirement. One first year member exceeded the 80 hour requirement. Though, this member did not participate in Professional Ethics. And another first year staff member's orientation training log did not have an itemized log (not noting the number of hours required for each training). This particular member (first year) also did not train on the required CINS/FINS Core, Crisis Intervention and Professional Ethics.

Exceptions

One staff member's orientation training log did not have an itemized log (not noting the number of hours required for each training). This particular member (first year) also did not train on the required CINS/FINS Core, Crisis Intervention and Professional Ethics. Another first year member did not participate in the required Professional Ethics training.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy on Analyzing and Reporting Information that meets the general requirements of this indicator. The current process includes measures of information collection that includes weekly reviews of the individual client cases. The agency reviews screenings, intakes, assessments, service plans, and case status reports. There is no evidence that the agency conducts monthly reviews of its FL Network monthly data extracts and monthly outcome data. Further, the CINS/FINS Program staff also obtains client satisfaction surveys at discharge and enters this information in the FL Network Management Information Systems.



The agency convenes staff on a weekly basis to review accuracy and completion of client case records and service delivery trends and major developments. The Navigators leads this process; ensuring all aspects of the file (e.g. service plans, sessions, contacts and satisfaction surveys) are present and completed.

Exception

There is no evidence that the agency conducts monthly reviews of its FL Network monthly data extracts and monthly outcome data.

1.06 Client Transportation

Satisfactory Limited Failed Not Rated

Rating Narrative

Provider has a current P&P to address client transportation which is included in the agency’s Operating Manual. The policy specifies the transportation of clients must be done only through the Bethel Community Baptist Church van. Procedures clarify the van transportation roster is to be completed thoroughly with the following: client name, parent/guardian name, emergency phone #, destination address and phone.

The policy addresses the ratios of passengers to driver (at least 2:1). The use of private vehicle for single client is permissible only through approval of agency director. Staff must text Director the time upon arrival at each destination point in the trip.

Exception

The policy does not specify approved drivers and the status of their license and insurance coverage.

1.07 Outreach Services

Satisfactory Limited Failed Not Rated

Rating Narrative

The agency has a detailed Outreach Targeting Plan that address the requirements of this indicator. The current plan is inclusive of high crime zip code areas and local area low performing schools. Staff promote awareness of its program and services through outreach events and activities in the service area.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

The program has established collaborative interagency agreements with various organizations in the community to promote CINS/FINS services. These agreements were provided for review on-site.

The agency Executive Director is designated to participate in DJJ Circuit Board meetings. The agency provided documentation of participation in the outreach event log and Board meetings. The documentation were reviewed on-site.

Exceptions

None are documented for this indicator.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

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 also offered.

The CINS/FINS program consists of a Program Supervisor and two fulltime Case Managers. The three (3) licensed therapists, one (1) counselor and two navigators 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. In the last six months, there were three case staffings events.

During the QI review, 8 client files were reviewed (1 open and 7 closed cases).



2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on Screening and Intake services. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a total of eight (8) active and closed client case files that the provider assisted in the last six (6) months. The following findings were noted:

- All 8 files met criteria for having eligible screening days within 7 calendar days.
- All 8 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 8 CINS/FINS acknowledgment forms.
- All files reviewed had evidence that the youth and parent/guardians received notification of the agency Grievance procedures.

Exceptions:

No exceptions are documented for this indicator.

2.02 Needs Assessments

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on the execution of Needs Assessments. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a combination of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- Seven 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.



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

- Needs assessments were completed by a Bachelor's or Master's level staff.
- All signatures were located on Need Assessment documents.
- When applicable, all youth with self-harm or suicide ideation background histories were noted on needs assessment document. None were applicable in this sample. One youth indicated positive for substance abuse. Referral was made and follow-up was completed.

Exception

One case file did not have the Needs Assessment document. Staff members could not produce the document.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy on the execution of the Case Service Plan. A review of the policy was conducted on site and determined that the policy meets the general requirements of the indicator. The reviewer selected a combination of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- Seven client case/service plans were developed within the first 7 working days of the Needs Assessment.
- All 8 client case/service plans were individualized to fit the youth's needs including presenting problems, existing risks, past history and CINS/FINS eligibility criteria.
- All target dates, frequencies and locations were on all 8 case/service plans.
- Documented evidence of all required signatures were found in all 8 client case files.
- All 8 client case files had documentation that the service plan was initiated as required.
- All 8 client case files contained case notes stating they conversed with youth and/or parent regarding the case/service plan. All case/service plans has



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

documented 30/60/90-day plan reviews focused on the reason for referral, presenting problems and risks found during the completion of the Needs Assessment process. Documentation found in case notes explain origin, status and progress of interaction and services delivered to youth and family and corresponds with the case/service plan reviews.

Exception

One Needs Assessment document could not be found, therefore it cannot be determined if the service plan was developed within seven working days of its creation.

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. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Case Management/Service Delivery indicator. The reviewer selected a random sample of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- All 8 client case files had a specifically assigned Counselor/Therapist.
- A review of each referral plan was conducted. The agency did make referrals for additional services as needed.
- Evidence of tracking were found in the 3 cases that had outside referrals to local community-based services. The tasks for the youth were checked off as completed.
- There were three case staffings documented in the last six months.
- All 8 client files contained evidence that the service plan was reviewed. The agency discharges cases as required.

Exceptions

No exceptions noted for this indicator.



2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed policy on Counseling Services. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Counseling Services indicator. The reviewer selected a random sample of eight (8) active and closed client case files that were serviced by the provider in the last six (6) months. The following findings were noted:

- Almost all of the clients had documentation that they received the required counseling based on information documented in presenting problems, CINS/FINS eligibility criteria, needs assessment, executed service plan, service plan reviews, case management and necessary follow ups.
- All 8 client files follow strict confidentiality guidelines and laws.
- All 8 client files had key case file documents that were initiated in a timely manner. All 8 client files contain progress notes that are maintained in chronological order. These notes track progress and meeting status of each youth.
- All files (with the exception of one) had documentation that youth’s presenting problems were addressed and noted in the following: Psychosocial Assessment, Initial Service Plan and Case Plan reviews.
- All 8 files contain case file information at each phase including detailed progress notes. The review of these notes indicates current status of youth, goal progress tracking and parent/guardian progress.
- The agency has a file review process that is conducted on a weekly basis.

Exceptions

No exceptions are documented for this indicator.

2.06 Adjudication / Petition Process

Satisfactory Limited Failed Not Applicable

Rating Narrative



Quality Improvement Review

Bethel Community Foundation – 06/28/2016

Lead Reviewer: Keith Carr

The agency has a detailed policy on Adjudication and Petition Process. A review of the policy was conducted on site and determined that the policy meets the general requirements of the Adjudication/Petition Process. The agency has Case Staffing procedures and teams with the local full-service provider as needed to meet all standards with the following: Committee Chair/Agency Program Manager, CINS/FINS Case Manager/Counselors, DJJ Attorney, and School Board Representative Truancy Officer or Social Worker involved with the youth.

There were three case staffings that were conducted for the last six months. The agency keeps an electronic document of case staffing for each family. The document includes a brief description of the presenting problems, the committee members involved and the recommendations. Recommendations were discussed with the family and all parties involved signed the document. All three cases resulted in 21 day shelter stays.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

- All 8 files had evidence of a “CONFIDENTIAL” stamp marked on the front of the client file.
- All records were maintained in a neat and orderly fashion and it was very easy to find needed information.
- All 8 client files contained a client file order sheet.
- The agency does not transport any client files.

Exceptions

No exceptions are documented for this indicator.